6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER T VE AD IF LINDER 2 LMPS BALTIMORE CITY OR COUNTY OF DEATH Co. 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife 21740 Rt 10 Box 55C Hagerstown Voit ADDRESS 21740 Michael J. Avon Rt 10 Box 55C Hagerstown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FIND WGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART 2) CITY OF TOWN STATE and that in (my) aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Maryland

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

(SPECIFY)

22d. PHYSICIAI

230 BURIAL, CREMATION, REMOVAL

Burial

FOR

- STATE

1985

23b. DATE

Moreland Memorial

22e ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Baltimore, Maryland

Lacisard w. Fuck, inc. Baltimore, Marylens

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detoched for use as the buriol-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, any IMPORTANT: If them 21 is marked or the TECC. TO FUNERAL DIRECTOR, After this certificate has been

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	9	ó	3

	-	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME (CORPRINT)	Larry 1	Dean	Bai	Bair	24 DATE OF DEATH		8 85	26 HOUR 1 2 25 A
-	3 SE)	MALE	4. RACE Wh:	Lte	5. DATE C	t.20°,1954*	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
2		RTHPLACE (STATE OR FORE COUNTRY) Maryland	U.5	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED X	BALTIMORE CITY O	RCOUNTY O		MD.
1	1	ITY OR TOWN OF DEATH Hagerstown	(IF NOT IN SUC Was	nington Co	ounty	Hospital	120 USUAL OCCUPATION OF THE BArtende	F WORKING LIFE	MOUSTRY	ts Inc.
Ĵ	13a. S	Md.	COUNTY Wash.	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Funkstows	4	138 INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE	e,St.	21734
		ATHER'S NAME FIRST Harold	MIDDLE .	Bair		15 MOTHER'S MAIDEN NAM Anna	Lee		HE	artle
f		NAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	218-62-82		Mrs. Anna Le	e Sheppard		town, Mo	
		PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (0)	1 10	the	Foilure			/	MATE INTERVAL INSET AND DEATH
	N. L.	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse	hich (b) iote the DUE TO, OI	(ASIA CONSEQUEI R AS A CONSEQUEI	_	fenotins B]	Da Fection	\).	y ears
	ATION	PART 2 OTHER SIGNIFIED ACGUSTO	ed Immur	AIP	1 ence	NOT RELATED TO THE TERM	INCLDISEASE OR CONI	vant lu	N IN PART 110	<u> </u>
<	CERTIFICATION	715.50			JPEKATIO!		YES NO	IN CERTIFY YES	ING CAUSES	
1	MEDICAL CE	21a. ACCIDENT WAS UNDERS. OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL PARTY OF CURRED)	SE OF DEATH HOUR A.	M. MONTH DA' M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAI	RT I OR PART ?]	
	MED	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE FA		21f LOCATION STREET	CITY OR TO	VN C	COUNTY	STATE
		22a. I certify that (1) (the saw the deceased of ove, (1) (we) (did)	olive on (did not) view the body	olter death.		id that in (my) (our) opinion o	death occurred on the do	ote and hour		
	1	24 PHYSTCIAN'S NAME	A U	en A	6	ATTENDING PHYSICIAN D	MEDICAL STAF		22c. DATE S	18/81
	J	Frederic	17. Cass	M		1825 / tou	ellel	1 toger	unofin	hal
	(BURIAL, CREMATION, REA (SPECIFY) Cremat UNERAL DIRECT				emetery or crematory urg Crematory	Smiths b			STATE
		Davis Funera	tennio Z	Smithsbur	e Md.	75a DATE	E REC'D. BY REGISTRAR	Z36 REGISTR	ar's signatu	Pandulle .

DHMH - 16 60M 7/84 (VRA 15, 4)

ed has a line LCU.20,193F A 2 of the save and the same of the save Jest ... bed icief ... La Diore . 1. Postanti Draganu se una lara Ecc - - atc resident co. T. T. Latter or a street victor of the contract o And the state of t

288031	1-	STATE REGISTRAR		MEI			ERTIFICATE (101 71 4	REG. NO	9 0	3 2	
• H. • 100 · 100		CEASED NAM		Will			LAST					26 HOUR
VEASE CTOR FILES FOURS	3 SE	X	Edgar	5 DATE OF BIRTH		E (IN YEARS IF UN	aker IDER 1 YR. IF UNDER	24 HRS. 2c. DA		10/	1/19 85 DAY YEAR	11:0
DIRECTOR SON STATE	-	11e	white	June 23,1	.985	YRS. 3	ns days hours	DE			1/19 85	P "
FGESS WITHIN	FC	IRTHPLACE (S DREIGN COUNTRY) aryland	ATE OR	76. CITIZEN OF WE		8 MARR WIDOW	IED NEVER MARR	HED X	shingto	Person		
PAGE 5. PAGE 5. S. 201 W.	10 C	Takoma	a Park	11. NAME OF HOS LIE NOT IN SUCH FAI Washing	PITAL, NURSING CILITY GIVE STREET AS TON COUR	HOME, OR OTH		120 USUAL OCC	UPATION (TYPE			MD SINESS RY
D. 21201 IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR- 3. RETAIN PAGE 5. FOR YOUR FILES. 5. SHOULD BE FILED WITHIN 72 HOURS AND RECORDS, 201 W PRESTON STREET,	13a S	arvalnd	Wash	r other institution, GI TY nington	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NOX	Route	2, Box	312	21722	
PEE, MD. SES 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	1	ATHER'S NAME FIRST Kevin		E.	Bake:		IS MOTHER'S MAID		MIDDLE	Sherpi	inski	
LTIMO LF PA F PA F PA F PA F PA F PA F PA	No.	ES, NO, OR UNKNO	DEVER IN U.S. ARA	WED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMANT	Dalson	ADDRESS		W.I	
HOURS A HOURS A WHIE GRIT PARE DIVIL	- AN	18 CAUSE O	ATH WAS CAUSED	ly one cause per line DBY: IE CAUSE (a)	for (o), (b), and		Infant De	Baker,		pring,	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ORDS, 201 W, BEST	z	gave ri cause (o lying cou		(b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO	ENCE OF	E OR CONDITION GIVEN IN PA	ART 1 (a).				
HOULD B HOULD B HE NET WE USED AS OF HEAL	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR WHICH	OPERATION W	'AS PERFORMED?		gy-Sur		20 AUTOPSY?	NO 🗆
SION OF VITAL I SPICATE SHOW WG THE WORD THE OF THE CHEF SHOWED BE USED PARTMENT OF H RICHET OF H RICHET OF SHOWED	MEDICAL CERT	UNDERLYING	VG CAUSE OF	DEATH P.M	MONTH DAY	YEAR	OW INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM 18 I	PART 1 OR PART 2		NO L
DIVIS THIS CER WRITIN WARDED PACE 3 S TATE DEF	MED	21d INJURY C	NOT WHILE C	STREET FACT	OF INJURY (ATH ORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNT	Y	STATE
AL EXAMINER; HE CETIFICATE HOULD BE FORM ALD DIECTOR: THE WITH THE SE, MARYLAND,		22s I certi deoth result ACTUAL SIGNATURE		e of the remains desi	ribed above, hel	Suicide		Undetermined	manner .	DATE SIGNED		/85
TO MEDICAL EX EXECUTE THE CE PACE 4 SHOULD A PTE RUBERAL DI BALTIMORE, MA	K	EXAMINER'S (TYPE OR PRI	VI) GI	eogry R. I		, M.D.	ADDRESS	lll Penn	St.		307 27	
07/84 RP	c	rematio	n C	oct.4,1985	Smit	of CEMETERY O	rematory	23d LOCATION CITY OR TOWN Smiths	burg. W	county	Maryla	nd
25M DHMH - 17 (VR A15 ME (5))			TOPMINNICH	FUNERAL,	HOME		25a. DATE	REC'D BY REGIST	RAR 25b REGI	STRAR'S SIGN	VATURE	

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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13	4	6	3	0
(Cress				

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE Janet	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 2b HOUR
(TYPE OR PRINT) MARY	1 5.	BANKES	10 7	85- 11-3
SEX	4 RACE	5. DATE OF BIRTH	1000	FUNDER I YEAR IF COLD IN THE
female	white	June 26, 1915	70 YRS.	ONTHS DAYS HO
e BIRTHPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED I NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O Washington	OF DEATH
O. CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURSII (IENOT INSUCH FACILITY, GIVE STREET Washington CO	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY
3a STATE	or other institution, give residence before UNIV. Shington Hagerst	YN 13d. INSIDE CITY LIMITS? YES NO IT	13e.STREET ADDRESS / ZIP CODE 116 Roessne:	21740 r Ave. Ext.
FATHER'S NAME ROY E.	Stoner LAST	15. MOTHER'S MAIDEN NA Florence		Waidlich
60 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. G	RMED FORCES? 16b. SOCIAL SECTOR WAR OR DATES) 214-09-4		ADDRESS Bankes, Hagerstow	n, Md.
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), are SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b)	diac axi	Snewson	BETWEEN ONSET AND DEATH 30 Min 35 Min
gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TERM	AIN ALD ISE ASE OR CONDITION GIVE	N IN PART 1:0
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	79% Can of	OPERATION WAS PERFORMED	Le Will VISTA 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
10/7/19-	Anto perico	rdia talipopade	2 YES NO YES	A
OR CONTRIBUTION TO CAUSE OF D		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	Ø 1 ○R Pak 1 2)
OR CONTINUED IN A CASE OF DE LETTER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURAL EXAMINE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a 1 certify that (I) (this has sow the deceased alive of	pital) attended the deceased from	ond that in (my) (our) opinion	deoth occurred on the date and hour	9, that (I) (we) lo and from the causes stated

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleasewith the State Dept. of Health and Mental Hygiene prior to burial. MPORTANT: If Hem 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE burial

226 SIGNATURE

230 NAME OF CEMETERY OR CREMATORY Oct. 10, 1985 Rest Haven Cemetery

DEGREE

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR

23d LOCATION Hage Pstown, Wash., Mary land

MEDICAL STAFF

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

his Leigher Brokett

Manufacture and the same

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

200	2	9	ó	3	4
REG. NO.					

... that (1) (we) last

26 HOUR

6:00 A

10	(1.11)	OR PRINT	Charles	s Alb	ert	Barger	October	12, 19	85	6
25	7a. BI	Ale RTHPLACE (STATE O COUNTRY) OSEMONT,	R FOREIGN 7b	White CITIZEN OF WHAT C U. S. A.	COUNTRY? 8 MARI	e of Birth 10. 27 1925 RIED A NEVER MARRIED	60 9 BALTIMORE CITY C	YRS OR COUNTY C	DNIHS DAYS	HOUR
Soft Marie	10 C	eedysvill	EATH 11		AL, NURSING HOM	WED DIVORCED E OR OTHER INSTITUTION	Washingt	ION	126 KIND OF INDUSTRY	BUS
26	13a S	aryland	RSING HOME OR OTH	ngton (3)	TY OR TOWN edysville	13d INSIDE CITY LIMITS?	13. STREET ADDRESS.	zip code	2175	6
20	14. FA	Charles	A	fbert	Bärger	15 MOTHER'S MAIDEN NA	Ethel	.ela	Fry	е
/ ledical	16a V	VAS DECEASED EVE VES NO OR UNKNOWN)	R IN U.S. ARME	AR OR DATES)	0-16-1220	Mrs. Dorothy	J. Barger,		. Main	St
her frour	3	Conditions, if an gave rise to in cause (a), stat	nmediate ting the	(b)	CONSEQUENCE OF					
ony injury, or other trour	ICATION	gave rise to in cause (a), stat underlying caus	nmediate fing the se last	DUE TO, OR AS A (CONSEQUENCE OF UTING TO DEATH B		MINAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	GS US
d or Hem 18 shows any injury, or other frour	AEDICAL CERTIFICATION	gove rise to in couse (a), statunderlying couse PART 2 OTHER SIGNATURE OF OPER 21a, ACCIDENT WAS UNDERSTORMED OR CONTRIBUTING FEITHER NOTIFY ME 21d. INJURY OCCU	Mediate ing the se last GNIFICANT CON ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED	DUE TO, OR AS A OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION F. 21b TIME OF INJUR HOUR A.M. M. P.M. 21e PLACE OF INJUR	CONSEQUENCE OF UTING TO DEATH B OR WHICH OPERAT RY ONTH DAY YEA	UT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCUR 9 211. LOCATION	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS US
f frem 21 is marked or frem 18 shows any injury, or ather trour	MEDICAL CERTIFICATION	gave rise to in cause (o1), statunderlying courselying courselying courselying courselying courselying courselying courselying contributions (if either nother me 21d. INJURY OCCU WHILE NOTH ATWORK ATWORK ATWORK)	MED WHILE	DUE TO, OR AS A OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION F. 21b TIME OF INJUR HOUR A.M. M. P.M. 21e PLACE OF INJUR	CONSEQUENCE OF UTING TO DEATH B OR WHICH OPERAT RY ONTH DAY YEA JURY ORY OFFICE FARM ETC.)	IUT NOT RELATED TO THE TERM TON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION 51REET . 19 and that in (my) (aur) apinian DEGREE	200 AUTOPSY? YES NO NO NOTE: CITY OF TO death occurred on the d	20b. IF YES, IN CERTIFY! YES WN , 15 ate and have of	WERE FINDIN ING CAUSES (COUNTY COUNTY 220 DATE S	GS US OF DE NO hat (I) auses
IMPORTANT. If Hem 21 is marked or Hem 18 shows any injury, or ather traur	MEDICAL	gave rise to in cause (o1), statunderlying courselying courselying courselying courselying DATE OF OPER 218. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU WHILE ALWORR ALW 22a. I certify that (ATION NDERLYING	DUE TO, OR AS A (C) OUE TO, O	CONSEQUENCE OF UTING TO DEATH B OR WHICH OPERAT RY ONTH DAY YEA ORY OFFICE FARM. ETC.) Issed from eath.	21c HOW INJURY OCCUR 21c HOW INJURY OCCUR 21l LOCATION STREET and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS 339	200 AUTOPSY? YES NO NO NOTE RED (ENTER NATURE OF INJU CITY OR TO death occurred on the d MEDICAL STA DIRECTOR PHYSIC F. ANTIETT	20b. IF YES, IN CERTIFY! YES IN CERTIFY! YES OWN The ond hour of the ond hour	COUNTY 22 DATE S 270 DATE S	GS US OF DE NO hat (I) auses

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

John H. Bast, Jr.

Boonsboro, Maryland 21713

Wash. Co., Md.

250 Juni 184 1884 1885 Juni 1844 Annie

A CO: O THE SET OF THE COLOR OF THE STREET OF THE SET O Pitt 15 .hab a sahin make afait Leading Mr. D. J. A. the partition of the St. of the St. direction sentington sectors - office materials of the call arrange St 61 4 1 6

Sariel 10-14-85 Emirylan Cemesery Estable, 181. Co., Mi.

cha a. Same, dr. Bocambero, Maryland 21713

STATE OF MARYLAND 310079 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME October 26, 1985 Jane ATHIERN AGE (IN YEARS LAST BIRTHDAY) 4 RACE February 10, 1915 70 white female O. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington Maryland IISA WIDOWED A DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Washington County Hospital housekeeping Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 1911 Oak Ridge Dr. 136 INSIDE CITY LIMITS? 13b COUNTY 13c CITY OR TOWN Hagerstown Maryland Washington NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John E. Zombro Mary L. Daymude 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO No 219-20-4346 Mrs. Peggy Barger, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH lEnter only one couse per line for ia1, (b), and icit.
PART I. DEATH WAS CAUSED BY: Acute my ocurdial somedials IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Anthiorchaptic Ham Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO T 210 ACCIDENT WAS UNDERLYING 21h TIME OF IN JURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive onand that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not with the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN (ATTENDING should be del with the State IMPORTANT: 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS W. M. Feder 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE buria1 Hagerstown, Wash., Maryland Oct. 29, 1985 Cedar Lawn Mem. Park

MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SSIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

								STA	TE OF	MARYLAI	ND						
301	0217		FOR STATE				DEPART	MENT OF	HEALTI	M DIA		630	9	2 9	1 19	3 5	
OOT	ULI		REGISTRAR			M	EDICAL	EXAMIN	JER'S	CERTIFIC	CATE	OF DE	ATH	REG. NO.	0	0 0	
	/		CEASED NAME OR PRINT)	E FIRS	iT .	(Car'llote			LAST	- 1		20. DATE KN	STI-	ONTH D	AY YEAR	26 HOU
	Bank Brid			u:	MAN	1	C.		15	28.47	TV	Jr.	DEATH M	ATED 1	VT2	1 1985	
	あららる語	3 SEX		4. RACE		ATE OF BIRT		& AGE (IN Y		NDER 1 YR.	IF UNDE		20 DATE	MC	ONTH D	AY YEAR	2d HOU
	S S S S S S S S S S S S S S S S S S S		M	W	Ma	y 7, 1		1 -	RS. MON	H5 DAYS	HOURS	NIM	PRONOUNCE DEAD	C	+2	1 1985	,
B	MAL NEW		RTHPLACE (S	TATE OR			WHAT COU	VTRY?	8. MARE	IED W NE	VER MARE	RIED [9 BALTIMOR	E CITY OR C	OUNTY	F DEATH	
•	THE PERSON		rginia				USA		WIDOV	ZX.	DIVOR		Washir	igton			MI
	2年以出	10. C1	TY OR TOWN	OF DEATH	11. N	NAME OF H	OSPITAL, NE	IRSING HOM	É, OR OTI	HER INSTITU	ITION		UAL OCCUPAT			OR INDUSTRY	
	A PARTY	На	gersto	wn	W	ashing	gton C	ounty	Hospi	tal			ard	o the)	co	rrection	on v
5	A SERVICE	USUA 13a. S		(IF IN NURSING H	OME OR OTHE	ER INSTITUTION		E BEFORE ADMISS	(NOI	138 INSIDE O	TITY LIMITS	112. STG	REET ADDRESS				
2120	ROBERA		ryland		shin	gton		erstow	n	YES .	NO Z		7 Glens		re.	21740	
Q.	- NONS		THER'S NAME							15. MOTH	ER'S MAID	EN NAM	E				
-	Eng 82	1	Willia	m	Car		Bea	tty, S	r.		.ldred	1	Mae			Maheny	
WTW 25	HONON T	16e V		DEVER IN U.S	ARMED F	ORCES?		CIAL SECURI -50-39		17. INFOR				ADDRESS			
- ME	F 198	ye				d Rese	erves	-50-39	44	Mrs.	Kay	F. B	eatty,	Hagers	stown	, Md.	
	A PACE A	5		OF DEATH (Ente	er anly ane	cause per l	ine for (a), (b), and (c).)								APPROXIMATE I	INTERVAL
15	SE S	1/	PARTIDE	EATH WAS CA	USED BY:		My	TIME	- TV	mun m	nc 1	nju	7 1	V869		nr>	AND DEATH
PRESTON ST	A A COLOR	1	01	09	(DUE TO,	OR AS A CO	NSEQUENCE	QF			1	7	1-2			
a a	WITHIN 24 NCIL IN ITH NER ALG RANSIT R ITAL HYGI	1		ins, if any, w		(b)	WORN	Volus	1 -	Truny	col	115/	in 5	510			
	OR TREE	13	couse (a) stating the <u>un</u>		DUE TO,	OR AS A COL	NSEOÙENCE	OF								
201	S A A A A A A A A A A A A A A A A A A A	13	lying cas	use last.		(c)											
SO.	AND AND WATIO	-	PART 2 OTHER S	IGNIFICANT CONDIT	TIONS CONTRI	BUTING TO DEA	TH BUT NOT REL	ATEO TO THE TER	MINAL DISEA	E OR CONDITIO	N GIVEN IN P	ART Tiol.					
DIVISION OF VITAL RECORDS, 201 W.	HOULD BE EXECUTED FENDING: IF HIEF MEDICAL E. USED AS A BURIN OF HEALTH AND IRIAL, CREMATION	NO	X														
1 X	RD "PEI RD "PEI NISED A NIAL OF HE	MEDICAL CERTIFICATION	190. DATE OF	OPERATION		19b. CON	DITION FOR	WHICH OPE	RATION	VAS PERFOR	RMED?				2	0 AUTOPSY?	
II A	OF STATES	E				19										YES 🗆	NO
OF V	CERTIFICATE SHITING THE WORDED TO THE CYES SHOULD BE LESSHOULD BE LESSHOWN TO BURING THE SHARP TO BURING THE SHARP TO BURING THE SHARP T	1 2		AL CAUSE WA			OF INJURY	DAY YEA		OW INJURY	OCCURR	ED LENTER	NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)		-/-
NO	NG THE VIOLE SHOULD SHOR TO	3	CONTRIBUTI	G OR ING CAUSE	OF DEATH	H	K Oct	21 8		H	rb	17	VH14				
VISI	SE ST	1 8	218 INJURY			218 PLAC	E OF INJURY	(ATHOME,		CATION		01	CITY OR TOWN	34	& distribution	, 1	STATE
ā	WARDED WARDED PAGE 3 S TATE DEP	2	AT WORK	AT WORK	X	1	PR	CYUSSI	24	SLAVES	burg	116	CIT OR TOWN	HAGON	3/04	Ma	STATE
	Ш ~		22a Loort	ify that I taak c	harae of t	he remains o	described ab	ave held an	Auto	V.V	Inspection	X	Inquiry X	7 Country	my opinio		
	A TO STAN		death result		Natural car		Accident	*57	vicide [. Home		(termined mann	, \square	ту орто	"	
	CERTIFIC BUILD BUI		GCGIII ICSGII	,	-	100	11	M			SPECIEY)	01100					
	MAN AND THE STREET		ACTUAL SIGNATURE		-	11	Usel	25		A D	Det	7	DICAL EXAMIN	ED (DATE SIGNED	00721	85
	SEATH CEATH	1				1/11/	11/ /		· · · · · ·		1	A	the t	1. 11	NONCO	r 1	.1
	MEDICAL EXAM ECUTE THE CERTI GE 4 SHOULD B FUNERAL DIRE	1	EXAMINER'S (TYPE OR PRI		1	t-11-	week	-5		ADDRESS_	580	> /Vu	VINOM !	10 14	Heis	loun, l	NO
	SAT SAT	23a.B	URIAL, CREMA	TION, REMOV			23c.	NAME OF CE	METERY (OR CREMAT	ORY	23d. LC	OCATION		COUNTY		15 4
07/84	BP	b	urial		Oct	.24,	1985	Cedar I	awn	Mem. I	Park	Ha	agersto	wn, Was	sh.,	Maryla	ind
25M	DHMH - 17		NAME	CTORMINN	_	ADDR	ECC				25e. DATE	REC'D. B	Y REGISTRAR	256, REGISTRA	AR'S SIGN	IATURE	19
	(VR A15 ME (5))	4	15 E. V	Vilson	Blvd.	, Hag	erstov	m, Md.	217	40	700	72	1 1000		at die	-House	-

750100 A C. C. St. St. St. Com. House In St. C.

Smithsburg, Md.

Home

1 - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2 0 100 2 . Date of the contract of the second of the A STATE OF THE STA

FOR"

IN ST., BALTIMORE, MARYLAND 21201	executed within 24 hours offer death. Page 4 may be	the allowers and completely filled in by the funeral director, page 3 years properly and 2 should be filled within 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death contacting a executed within 24 haurs offer death. Page 4 may be etained by the haspital ar attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending a property filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove commission in ges. I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as

injury, or other trau

marked or frem 18 shows any

MPORTANT: If them 21 is

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3
CERTIFICATE OF DEATH	

	REGISTRAR					TOMIL O			REG	NO.			
	CEASED NAME	FIRST		MIDDLE		LAST		2	a. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
		Theodo		nfield	Bla	ck				10	24	85	11.28 AM
3. SE	X		4 RACE		5 DATE (6	AGE (IN YEARS LAST	BIRTHDAY)		DER I VE AR	IF UNDER 24 HRS
	Male		White		02	06			60	YR:	MONTH	S DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEV	ER MARRIED	9	BALTIMORE CITY	OR COUN	ITY OF D	EATH	
	aryland		USA		WIDOW		DIVORCED		Washing	ton			MD
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION		O USUAL OCCUP	ATION	121	KINDO	F BUSINESS OR
	agerstown		WESTER	MARYLAN	D CEN			(Enginee:	r of Working	5 LIFE) IN	pustry letal	Works
USU 13a	AL RESIDENCE (IF)	NURSING HOME O		GIVE RESIDENCE BEFORE			E CITY LIMIT	ca lu	street Addres	C / 710 CC	Dr		
	aryland		ington	Hagerst		YES TX			137 Ham			d	21740
14 F	ATHER'S NAME					-	ER'S MAIDEN				22.1		
	Theodor	e	WIDDLE	Black			Minni	le	MIDDLE			Dê	nnis
	WAS DECEASED EN			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	-14	ADI	ORESS			
(yes no or unknown) (IF WAS	TI OR DATES	219-12-	2002	Mrs	. M. E	Clea	nor Black	t Hag	gerst	.own,	Md.
				line for 101, (b), one	dicin	I No.						BETWEEN	MATE INTERVAL
	PART I. DEATH		ED BY. TE CAUSE (o)	Respirat	ory :	insuf	ficien	ncy			-	Hour	
				R AS A CONSEQUE	NICE OF								
	Conditions, if	onv. which	10.0	Ventilat		epend	ant				197	Year	
	gove rise to	immediate) ,,,,									1001	5
		ouse lost		Amyotrop		later	9] 60	lane	eie			Vaca	- 474
	DADT 2 OTHER C	ICHIEIC ANIT		ONTRIBUTING TO D								Year	
Z	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>CC</u>	DULKIROLING TO L	DEATH BUT	NOI RELA	IED IO IHE I	TERMIN	AL DISEASE OR CO	NOITION	SIVEN IN	PART 10	Ď
170	19a DATE OF OPE	MOLTAG	Tin court	710115081401611	00501710					Ton of			
CA	196 DATE OF OPE	KAHON	198 CONDI	TION FOR WHICH	OPERATIO	IN WAS PER	REORMED		200 AUTOPSY?	IN CER	YES, WER	CAUSES	OF DEATH?
RT									YES NO		YES 🗌		NO 🗌
MEDICAL CERTIFICATION	210. ACCIDENT WAS	L	216 TIME O	FINJURY M. MONTH DA	Y YEAR	21¢ HOW	INJURY OC	CURRED	(ENTER NATURE OF	NJURY IN ITEM	TB PART 1 O	RPART 2)	
CAL	(IF EITHER NOTIFY A			M.	19								
EDI	214 INJURY OCC	URRED	21e. PLACE	OF INJURY EET FACTORY OFFICE FA		211 LOCA	TION		CITYOR	TOWN	CI	OUNTY	STATE
*		WHILE WORK	(AI HOME SIK	EEL PACTORY OFFICE, PA	ARM, ETC)	311			CITTOR	10414		201411	STATE
	22a I certify that	X (this hosp	ital) attended the	e deceosed from_	07-	51	. 19_6	34	, to 10-2	+	19.8	5	that (we) lost
		eosed plive or	10-24		85	nd that in (r	пу) ЖЖ) ори	nion dec	ith occurred on the	date and h	nour and		
	226. SIGNATURE		11	C 1		DEGREE					2	2c. DATE	SIGNED
	Pat	ruers	2/1.0	Smit	M.	.D.	ATTENDIN	IG N	MEDICAL S'	AFF SICIAN		10-2	24-85
	224 PHYSICIAN'S			Jan Ballan		124 ADD	RESS		vania A				
	Data	inia M	Cm4+h	M D		1 1	o rem	TOAT	vallia A	/enue			

atricia M. Smith, M.D. Oct. 25,198 230. BURIAL, CREMATION, REMOVAL

Cremation

Hagerstown, Md 21740

23c NAME OF CEMETERY OR CREMATORY
Smithsburg Crematory

23d LOCATION SMITTHS burg, Wash, Md.

STATE

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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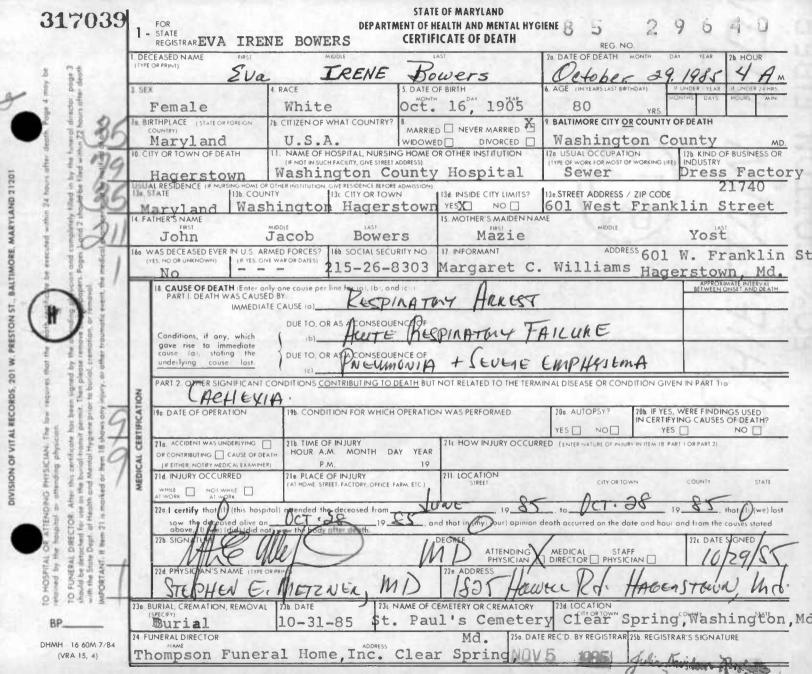
	FOR		nep.		OF MARYLAND EALTH AND MENTAL HYG	HEME ()	0	0 6	· E G
1	- STATE REGISTRAR		5617		ICATE OF DEATH	0 0	e a	7 0	3 /
	ECEASED NAME FIRST		MIDDLE	1.	AST	REG. N		DAY YEAR	26 HOUR
(TYP	Michael		J.	Bo	scolo Sr.	October	23.	1985	7:00A M
3. SE		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATE	IF UNDER 24 HRS
1	Male	Whit	e	Janu	7 1000	52	YRS	MUNIHS DATS	HOURS MIN.
	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	TRY2 R	X NEVER MARRIED	9 BALTIMORE CITY	R COUNT	OF DEATH	
	Penna.	U.S	.A.	WIDOWE	D DIVORCED	Washing).	MD.
0 0	CITY OR TOWN OF DEATH		HOSPITAL, NU		ROTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LI	FEI INDUSTRY	Manager
	Hagerstown				oital	Self Empl	oyed	Restau	irant
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE TAB GOUN		13c. CITY OR		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 312 Nova		99	999
PEE	ATHER'S NAME FIRST	MIDDLE	LAST	-71	15. MOTHER'S MAIDEN NA	ME	0.778	LAS	1
		e to Ob		JENOR		nable to Ob			
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT				Pa.
_	No l			4-3046	Gladys A. Bo	oscolo 312	Nova L		
	18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	ly ane cause per D BY E CAUSE (a)	line far iai, ib	fric	Eleedin.	3 from Va	viu	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	RASA CONS	EQUENCE OF	cirrhose	I with	ud		
	underlying couse lost. PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIV	/EN IN PART 110	
NO.									
CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	JRY IN ITEM IS	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a I certify that (1) (this haspi	tal) attended th	e deceased Ir	am	, 19	, to	,	19	that (1) (we) last
	saw the deceased alive an obave, (I) (we) (did) (did no	t) view the body	alter death.	19, an	id that in (my) (aur) apinian	death accurred an the a	ate and hav	ii and fram the	causes stated
	22b. SIGNATURE	2-h,	つ・	V Time	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED
1	ZZE PHYSICANY STVANE ITHE	a pallet)	The Paris		22e ADDRESS				
	Pascual N P	atlingh	ıa_lr	Md	138 East An	tietam St.H	lagers	town, Md	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	_ STATE
	Burial	10/26	/1985	Cedar		Antrim			Penna.
24 F	FUNERAL DIRECTOR		ADDR	RESS		REC'D. BY REGISTRAF	25b REGIST	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, creamy the State Dept. of Health and Mental Hygiene prior to burial, creamy TRACRIANT. If them 21 is marked or Item 8 shows any injury, or other Item.

Martin Zummernon

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- STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

CERTIFICATE OF DEATH

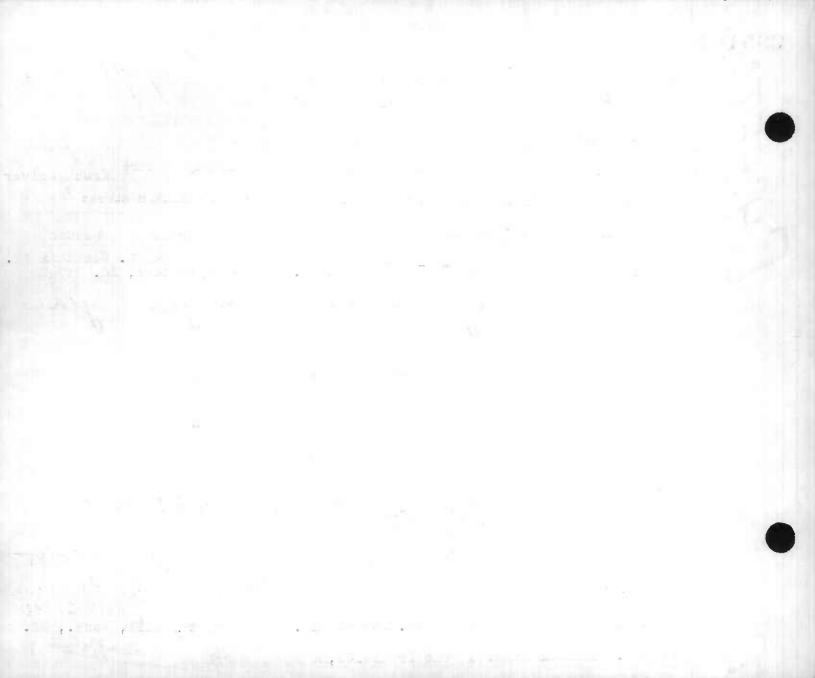
	REGISTRAR			CERTI	TEATE OF DEATH	REG. N	10.		
	CEASED NAME FIRS		MIDDLE		LAST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
[TYP]	Cha Cha	rles Le	eroy	Brag	unier		10	15 85	7:40P _M
3. SE	Х	4 RACE		5. DATE O		6. AGE IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	
	male	whit	e	Dec	. 12, 1911	73	YRS		HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			
	Maryland	US		WIDOWE	D DNORCED	Washing	ton	Co.	MD
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND	OF BUSINESS OR
	Boonsboro		ney Kee	•	ome	machinist	OF WORKING	ai	rcraft
USU 13a	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CO	ne 2	1962
М		shington	Smithsbu		YES NO 1	Route 2,	Box	246	110/
14. F/	ATHER'S NAME	MIDDLE	(AST		15. MOTHER'S MAIDEN NA				
1	Clyde	L.	Braguni	er	Edith	MIDDLE		Barb	er
	WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	YES, NO OR UNKNOWN) (IF YE	ES, GIVE WAR OR DATES)	705-10-6	632	Mary Louis	e Bragunie	, Sm	ithsbur	g, Md.
	18 CAUSE OF DEATH (Ent	er only one couse pe	er line for to1, th1, and	d (cs.)	Λ			APPRO	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (a)	(Ar	LDIAC	2 Annest				
	1,40,40				7		_		
	Canditians, if any, whic		OR AS A CONSEQUE	NOT C	TE DISTUNI	ZANPE			
	gave rise to immediat	e	CCCCI	1	,	37 11-0			
	couse (a), stating the underlying cause las	I DOL TO,	OR AS A CONSEQUE	HEY	· 10-				
		(c)_							
Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION C	SIVEN IN PART	lta
CERTIFICATION	196 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
문						YES TI NOT		TIFYING CAUSE	S OF DEATH?
ERT	218. ACCIDENT WAS UNDERLYIN	G [7] 21h TIME (OF INJURY		21s. HOW INJURY OCCUR				
	OR CONTRIBUTING CAUSE C	140110	M. MONTH DA	Y YEAR	The real moon, occom	TENTER NATURE OF INTE	HET THE THE TH	D FARI I OR FARI 21	
2	(IF EITHER NOTIFY MEDICAL EXA		P.M.	19					
MEDICAL	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC.	216 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
-	AL WORK NOT WHILE	J							
	220.1 certify that (1) (this l	naspital) attended t	he deceased from_					19	, that (I) (we) last
	sow the developed alive	Web Web the bold	v after death	, ai	nd that in (my) (our) opinion	death occurred on the d	ate and h	aur and fram th	e causes stated
	27% SIGNA U		1000		DEGREE			22c. DAT	E/SIGNED
	///nev	WEIT	E.W.D.	170,4	ATTENDING PHYSICIAN	MEDICAL STA		161	16/85
	224 PHYSICIAN'S NAME I	TYPE OF RINT)			22e ADDRESS	0/	11	1	1.1
	STEPHEN (EL METZ	Uta, MI		1325 How	ac Kd	HAR	ENTOW	v, mg
	-41 -41 11	WALL DAYS	1 122.4	LAME OF C		123d LOCATION	- / -		1
	BURIAL, CREMATION, REMO	VAL 236 DATE	236 1	AME OF C	EMETERY OR CREMATORY	CITY OR TOWN			

DHMH - 16 50M 4/B3 (VRA 15, 4)

APORTANT: If hem 21 is

Oct.18,1985 Rest Haven Cemetery
MINNICH FUNERAL HOME 74 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

	1					STAT	OF MARYL	AND			
295164	1	FOR STATE REGISTRAR			DEPART		EALTH AND I		REG. N	2 9	6 4 2
noy be poge 3	1 Di	CEASED NAME E OR PRINT)	ber	it '	Josep		New	71	2s. DATE OF DEATH	10/8	85 10:3 CM
Sctor. po	3 58	^x Male	4.	RACE Black		5. DATE C		22"	6. AGE INVERSION N	ETHDAY TON	THES DAYS HOURS MIN.
eral dire	7a. E	IRTHPLACE (STATE OR FORE COUNTY) Maryland	ign 7b	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	AARRIED	9 BALTIMORE CITY 9		F DEATH MD.
		ITY OR TOWN OF DEATH Hagerstown		(IF NOT IN SUC	HOSPITAL, NURSI HFACILITY, GIVE STREE N MARYLAN	ADDRESS)		IITUTION	Community		12b. KIND OF BUSINESS OR INDUSTRY Truck Drive
ithin 24 Tely fill 2 should 2 should	USU 13a.	AL RESIDENCE (IF NURSING STATE 13b	COUNTY AShi	ngton	GIVE RESIDENCE BEFORE HAGERSTON	re admission) VN OWN	13d. INSIDE C	ITY LIMITS?	144 BEEN ADDRESS	iathan e	
uted within completely and 2 st	14. F	John	MIG	Tilgma	an Brown			Janie	Cather	ine	Weedon
e exec Pages		WAS DECEASED EVER IN (1985, NO OR UNKNOWN)		D FORCES? VAR OR DATES)	219-12-		17 INFORMA		ok - Hager	443 N.	Jonathan St
equires that the death certificate be signed by the attending physicial. Then please remove carbon popers, roburial, cremation, ar removal. injury, ar ather traumatic event, the	NO	Conditions, if ony, w gove rise to immed couse (o), stating	CAUSED I MEDIATE (hich iote the lost	DUE TO, OI	RAS A CONSEQUER AS A CONSEQUER	JENCE OF	CUL.	CA,	Phary INAL DISEASE OR COM	AAX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CALLED TO THE CONTROL OF THE CONTRO
The law ration. The has been sist permit. Specifically sp	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	YING DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR			200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJI	IN CERTIFYIN	/ERE FINDINGS USED IG CAUSES OF DEATH? NO OR PART ?)
PITAL OR ATTENDING PH by the hospitol or offen ERAL DIRECTOR. After the cleached for use as the 8 State Dept, of Health and 1	MEDICAL	(IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that X (this saw the deceased a above, (1) (wX) (did) 27h. SIGNACIAN STRAME	s hospitol) attended th	OF INJURY HEET FACTORY, OFFICE,	85-1	DEGREE	(&X opinion	death occurred on the officer of the occurred on the occurred	19_ late and hour on	, that (K(we) lost and from the couses stated
	23a	BURIAL, CREMATION, REA (SPECIFY)	ARI	23b. DATE		NAME OF C	WES T	REMATORY	1234 LOCATION	center	Mp021740
BP DHMH - 16 50M 4/B3 (VRA 15, 4)		Burial UNERAL DIRECTOR NAME hn T. Willi	ams	10/11 Funera	ADDRESS		riah C wick.M	25a DAT	E REC'D BY REGISTRA		Wash Md



			FOR STATE					TMENT OF	HEALT		ENTALI	2.0	Em &	2	9 /	5 4	5
312	2140	1. DE	REGISTRAR CEASED NAME OR PRINT)	E F	EIRST	MI	MIDDLE	EXAMI	NER'S	CERTIFIC LAST	CATE		20. DATE K	REG. I	NO. MONTH	DAY YEAR	2h HOU 9:00
	E SE	3. SEX		TH 4. RACE	OMAS	DATE OF BIRTH	LIFTO	N 6. AGE (IN)		BROWN	Ton and an are		DEATH	MATED	X Oct	27 1985	A
	PART PER		lale	Whit	e i	July 27	YEAR	LAST BIRTH	DAY) MON	HS DAYS	IF UNDER	MIN	PRONOUNG DE AD	CED O	CTOBE	27 19 8	5:10 5:10
Ó	S FOR Y	FO	RTHPLACE (S REIGN COUNTRY) Maryla	nd	71	U.S.	VHAT COU		WIDO	VED NE	DIVOR	CED 🔲	W	18416	NOTON	TY OF DEATH	M
	4991	CI	TY OR TOWN			I. NAME OF HO	FACILITY, GIVE	URSING HOA street address ington				FORA	AL OCCUPA NOST OF WORK		YPE OF WORK	OR INDUS Constr	TRY
21201	AND STAND ST	IIa. S	Maryl	and W	COUNTY	ngton	13c_CI	CE BEFORE ADMIS	SION)	13d INSIDE C	ITY LIMITS?		EET ADDRES	S		999	99
RE, MD.	THE STATE OF THE S		THER'S NAM FIRST Char	les		W •	Bro				sthe		B.	DDLE	McGl	aughlin	
ALTIMO	AFER PARTIES IN FORM AGES I	Ton. V	VAS DECEASE ES, NO, OR UNKNO Yes	OWN) (IF Y	S. ARME es, give wa ore a	R OR DATES)		18-24-		Jame:		Huff	Gree	ncas	P.0	Box 3	35
25. 201 W. PRESTONET	ECUTED WITH IN THEM 18 G. IN PENCI IN TERM 18 AL EXAMINET ALONG ALL EXAMINET ALONG A		Candina gave r couse (a lying co	ns, if any, ise to imm) stating the use last.	which sediate under-	DUE TO, C	OR AS A CO	AGUTE DINSEQUENCE DINSEQUENCE	OF OF				м				YEARS
VITAL RECORDS	E SHOULD BE TO WORD "PENDING CHIEF MEDICAL BE USED AS INT OF HEALTH BURIAL, CREW	CERTIFICATION	#486	- PNE	NOW	19b. COND	DITION FOI	R WHICH OPE	RATION V	VAS PERFOR	MED?					20 AUTOPS	
DIVISION OF VITAL	THIS CERTIFICATE S. WRITING THE WC. WARDED TO THE CPAGE 3 SHOULD BE STATE DEPARTMENT 21201 PRIOR TO BU	MEDICAL CE	210 EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY WHILE AT WORK	OR OR	SE OF DE	21e PLACE	M. MONT	H DAY YEA 19 Y JATHOME,	AR	OW INJURY CATION STREET	OCCURR	ED (ENTER!	CITY OR TOW			unty	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTIER DEATH, WITH THE STARBALTIMORE, MARYLAND, 21		22a. I cert		k charge o	of the remains discouses .	Acciden		Autopuicide	1	UTY	Undete	Inquiry ermined mor	nner		_{го} 0ст. 2	8,198
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21, yours offer death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complisher filled in by the funeral director, leage should be detached for use as the burial-transit permit. Then please remove carbon pages, I and 2 should be filled within 77 hours of maint the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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ctor. page	3. SE	Female	White	S. DATE OF BIRTH MONTH DAY MAY 3, 1900	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
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DHMH - 16 60M 7/84 (VRA 15, 4)		K. Coffman E	Hac uneral Home,		TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

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10	F	rederick C	o., Md	. U.	S. A.	WIDOWE		Washir	aton			MD
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		226. SIGNATURE	1/2	view the body	uner dearn.		DEGREE			22c. DAT	E SIGNED	
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1	1	22d PHYSICIAN'S N.	AME STYPE OR F	RINT			77e. ADDRESS					-,-
		W. 1	W. Les	h, M. I).		411 Divisio	on Ave.	Hagerst	town. I	fd. 2	2174
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR John H. Bast, Jr.

Boonsboro, Md. 21713

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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John M. Sast, Vr. Boensboro, Md. 20713

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 297089 CERTIFICATE OF DEATH REGISTRAR REG. NO. LEECEASED NAME AAIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR THE CRIPRINT! October 17. 1985 8:00A BUTTES Samuel Curtis 4. RACE 5. DATE OF BIRTH A. AGE HIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR March 31,1903 82 White Male O. BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick Co. Md U. S. A. Washington IO. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR O. BOX 53 Trackman Hailroad Co. Rohrersville 13a STATE Washington Rohrersville 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS ZIP CODE 21779 Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Addie MIDDLE Cochran Samuel Curtus Butts ADDRESS Rid. Box 152A 166 SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 705-07-7718 Mrs. D. Arlene Van Metre, Keedysville, Md. APPENDING STERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),
 PART I, DEATH WAS CAUSED BY. Congestive Heart Failure wk. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Atherosclerotic C-V Disease 11 yrs. Conditions, if ony, which gove rise to immediate couse (a), stating Diabetes Mellitus 15 yrs. underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160. CERTIFICATION 19a DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ?16 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC] NOT WHILE 77e.1 certify that XXIXXXXII) oftended the deceased from 8.6-15-10-16 saw the deceased alive on and that in [my] (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (well-tolid) (did not) view the body ofter death 22h. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10-17-85 MPORTANT. old . Gum Spring Hollow, Brunswick, Md. 21716 C. T. Byron Kao, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial Kurkittsville, Fred. Co..Md. 10-19-85 Union Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. DEGISTRARS, SIGNATORS DHMH - 16 50M 4/B3 John H. Bast, Jr. Boonsboro. 21713 Md.

DIVISION OF VITAL RECORDS, 201

(VRA 15. 4)

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DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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	AL RESIDENCE (IF NURSIN	IS HOME OR OTH	ER INSTITUTION, G	IVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE	CITY LIMITS?	13e.STREE	T ADDRESS	/ ZIP COI	DE	2	1711
ľa	ryland	Washi	ngton	Hager	stown	YES G	NO 🗌	129	S.	Mont	Val	la	Ave.
1.50	ATHER'S NAME	MIDI		LAST		15. MOTHE	R'S MAIDEN NA	AME	WIDDLE			LAST	
	Charles		tin	Cook		Sac	die		ane		Havn	nan	
	WAS DECEASED EVER IN	U.S. ARME	FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORA			ADD	RESS	2700 A 7	114011	
(37	(IF YES, GIVE W.	AR OR DATES)	07470	1077	Danes	la la Tr	O- cl			- 17		
_	II CAUSE OF DEATH			214-10	-42/1	Dom	the v.	Cook	25	me as		A DIDD/AVIA	ATE INTERVA
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REO. 140	J.				

•	REGISTRAR			CERTIF	ICALE OF	DEATH	REG. NO),			
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1. SEX	· ·	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24	
	Female	1	hite	MONTH	ILL	YEAR 29	.55	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE ISTAIL DESCRION	76 CITIZEN OF	WHAT COUNTRY?	8	No		9 BALTIMORE CITY OF		OFDEATH		
	Sath Co. Va.	U.S.A		MARRIE	NEVER .	MARRIED	Mashine	+	17.		MD
-	TY OR TOWN OF DEATH		HOSPITAL, NURSIN				12a USUAL OCCUPATION		12b. KIND O	F BUSINES	
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I FA	THER'S NAME	shington	Hogers	Town	YES [NO [X	R+4	Box	133	20	740
	1457	WIDDLE	LAST			FIRST	MIDDLE		LAS	ST .	
1000	M. AS DECEASED EVER IN U.S. A	DUED FORCES?	Cale	DITYNO	17 INFORMA	illie_	- " ADDRE	22	Kay	_	_
	ES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)						x 13:			
_	No		228-30-9	511	Gene A	. Cook	Hagerstown	, Md			
	18 CAUSE OF DEATH (Enter of		line fai (a), (b), one	d (c)			+		BETWEEN	IMATE INTERVA	EATH
		TE CAUSE (0)	-grdie	pulv	noviai	- a	rvest				
		DUE TO, O	R AS A CONSEQUE	NCE OF		1 1	1. 1.	+			
	Conditions, if ony, which	(dı	arcin	oma	of.	Dreast	- metasta	110			
	gave rise to immediate cause (0), stating the	DUE TO. O	R AS A CONSEQUE	NCE OF							
	underlying cause last.	(c)_									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONE	ITION GIV	EN IN PART 1	0	
100											
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		YING CAUSES		1?
=							YES NO	YE	S 🗌	NO 🗌	
8	210. ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART OR PART ?)		
Z	OR CONTRIBUTING CAUSE OF D	AIR	м.	19	L. P. LL						
EDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	5763	21f LOCATI		CITY OR TOV	2	COUNTY	SIA	ATE .
2	MALE TO MOUNTE	(AT HOME SIT	REET, PACTORT, OFFRCE, P	ARM EIC J					-		
3	22a 1 certify that (1) (this has	onally attended th	ne deceased from_			19		118	19 85	that +1 (we	e) last
	saw the deceased alive a abave (1) (a) did r	n / O	18 19 G	3501	nd that in tay	(our) opinian d	death occurred an the da	te and hav	and from the	causes state	ed
	226. SIGNATULE	lot view the body	Carer Gedin	0.59	DEGREE				22c. DATE	SIGNED	
	Thomas	0/1.	man	T		ATTENDING PHYSICIAN	DIRECTOR PHYSIC				
	274 PHYYICIAN'S NAM	CRPSHIT	2011-01		22e ADDRES	-	J DIRECTOR (C) TTTOIC				-
		(-						
230 B	URIAL, CREMATION, REMOVA	L 23b DATE	23, N	JAME OF C	EMETERY OR	CREMATORY	23d LOCATION				_
(SPECIFY) Burial						Park Coving	ton	COUNTY V	irgin	10
	Dullar	10000	LJUJ /	コイエニス	ricilly 116	IIIVI LAL	THE PLANTING	LULL	¥.	Andrew Property Laborator	A-CE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

256. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Maryland 21740

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BP_			

DHMH - 16 60M 7/B4 (VRA 15, 4)

		REGISTRAR					REG. N	0.		
		CEASED NAME FIRST	A	AIODLE	- L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	fitre	Julia	1	7.	CI	055	October	18	,19851	4 15
	3 SEX		4 RACE		5. DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONINS DAYS	IF UNDER 24 HRS
1	F	emale	Blac	ck	8	- 11-1905	80	YRS	MONTHS	HOURS MIN
A		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
1		Md.	U.S.	-	WIDOWE	D DIVORCED	Washing			
0	HO	17 OR TOWN OF DEATH	RUA/O	HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPAT	PE WORKING LE	17b. KIND OF INDUSTRY	BUSINESSO
6	13a. S		UTV _	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagerst	V	13d INSIDE CITY LIMITS? YES X NO [ve.217	40
	14 FA	William	"NMN	Smother	9	15. MOTHER'S MAIDEN NA Harriet		L	Butl	er
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	SS	E ()	
		YES NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	217-12-	1895	Lorraine M	cDaniels,	451	Park P	lace
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA)	nly ane cause per ID BY: TE CAUSE (0)			ascylar Acc	ident			NATE INTERVAL INSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUE General	NCE OF	rocslerosis	5			
			, (c)							
	NO	PART 2 OTHER SIGNIFICANT OF Left H	emiple	gia	EATH BUT	NOT RETATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART TO	127
3	CERTIFICATION	19a DATE OF OPERATION None	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTI	S, WERE FINDIN FYING CAUSES (ES []	GS USED OF DEATH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY BET, FACTORY, OFFICE, FA DNE	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (did, no	OCCOO	e deceased from	00,50.	d that in (my) (aur) apinian	to Occorred on the d		19 85, the court of the court o	hat (I) (we) la auses stated
Z		226 SIGNATURE	MO			ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	19-85
		411 Divisi	14 7 7 7 7		esh	411 Divis	sion Avenu	ие На	gersto	wn, Mo
		BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	10/2	3/85 R	ose :	Hill Cem.	Hagerst	own	Wash	Md.
	24 FL	JNERAL DIRECTOR		0	-		E REC'D. BY REGISTRAR		TRAR'S SIGNATU	
	1	Cenning Ma		1 410	11	Jainer O.S	Com deline	Lands	a phydell	

CLTINES a scale der men an mer man 194 ALBET MARK and I will be to be a larged will be - 48 Lateral Alegorator and Lateral At the second of the second elegacompe wite. +11 Sivinter avenue Hageratown, a. Legal Company of the Company of the

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	1	FOR			E OF MARYLAND	sienie.	9 9 5	5 1
310066	1-	STATE REGISTRAR			EALTH AND MENTAL HYC	43	6. 1	1
d		CEASED NAME / FIRST	MIDDLE		AST	REG. NO	MONTH DAY YEAR	2b. HOUR
page 3	(TYPE	ORPRINT) Leon	~ Marguri	te Cu	ets		10/30/ 85	11:20AM
	3. SE		4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		
oge 4		Female	White		12/15/98	86	YRS.	
To log		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
death.		van nah. N. Y	. U. S. A.	WIDOWE	DIVORCED DIVORCED	Washingt		MD. OF BUSINESS OR
ofter will be		onsboro, Md/	(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS)		Housewife	F WORKING LIFET INDUSTR	
120 ours	USU	L RESIDENCE (IF NURSING HO	AE OR OTHER INSTITUTION, GIVE RE				1100	11/11/11
Filled ould be		w York		st Hampton	YES A NO	105 Oak V		Island
Sely Share	14. FA	THER'S NAME	WIDDLE	LAST	IS MOTHER'S MAIDEN NA	ME		
complete olexon	1	John		Bacon	Viala	ine	Char	ppell
ond c	- 0	VAS DECEASED EVER IN U.S	(277.40.00.04141.70.0.1	9-24-6676	Harold B. Cu	rtie 1651	5 Grande Vi	Lsta Dr.
E d o s	No				maroid B. od	Rocky		20855 OXIMATE INTERVAL IN ONSET AND DEATH
ficate physic pope movel, the		PART I. DEATH WAS CA	er only one couse per limber USED BY: DIATE CAUSE (0)		au arrest		BETWEE	N ONSET AND DEATH
ON ST ding or ret		IWWE		PONNEGULAR OF	1	1.1.1	4.	2011
death death		Conditions, if ony, which	(16) Fr	opoble a	full myou	usial Inta	uder o	7 kows
V. PR		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A	CONSEGUENCE OF	Ace ITIX			
201 W red by please orial, cr			(c)	CND,	NSCVB			
	N N	PART 2. OTHER SIGNIFICA	NI CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONI	DITION GIVEN IN PART	110'
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require oftending physicion. The low returns the buriol-tronsit permit. Then the ord Mental Hygiene permit. Then the ord Mental Hygiene permit to have don't hem 18 shows ony injury orked or them 18 shows on the latter of the latte	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE	DINGS USED
ALRE lo lon.						YES NO	YES 🗌	NO 🗆
N OF VITAL SICIAN: The ng physicion of riol-tronsit entol Hygies them 18 sho		210. ACCIDENT WAS UNDERLYING	1 1100000 1 11 11	RY NONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR PART 2)
ON OF 1453CIAl ding ph ding ph buriol-tr Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA-	AINER) P.M. 21e. PLACE OF INJ	19	211, LOCATION			
/ISIOI // Thendi rr this the bu	MEI	WHILE NOT WHILE		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
DINC or o or o or o or o or o or o or o or			ospital) attended the dece	ased from	1982		0/15 19.85	that (1) (we lost
TTEN pital TOR for u of He		saw the decrosed ally above, (I) [ws) (did) (til	10/29	1983 . 01	nd that in (my) Gut opinion	death occurred on the de	he and hour and from th	
OR A POS A P		226. SIGNATURE	1		DEGREE			TE SIGNED
C 0 =	4		11111		ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗆	
HOSPITAL oined by the Oyud be det ould be det into the State		22d. PHYSICIAN'S NAM	J 12/2 1	KL Kyaler	100 Geetn	2 Love . K	Leedysville)	Md
To T	730 5	JURIAL, CREMATION, REMO	VAL TOE DATE	1234 MAME OF C	EMETERY OR CREMATORY	123d. LOCATION		7 (4
1998 999		specify) remation	10-31-85		ourg Cremator	- CITY OR TOWN	g, Wash. Co	Ma.
DHMH - 16 50M 4/82		INERAL DIRECTOR	1	_		TE REC'D. BY REGISTRAR		
(VRA 15, 4)	Jo	hn H. Bast,	Jr. Boonsbo	oro, Md. 21	1713 NO	1/ 0 4 4005		20

	8.8	AND NO.		
	noitnidea			T. H. dan never
	olivasco		The second second	
lve. Island	105 Dak Yieu		notema Appl	ryst and
Chappail	De la		100	atiol.
		STORY STORY	Service of the Control of the Contro	
			11/22/16	
			11/22/16	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		REG. NO.	9	0	5 2
		CEASED NAME OR PRINT)	FIRST) M	W	O Osca	r D	aley		DATE OF DEATH MONT	2	85	740 AM
	3 SEX	Male		whit		S. DATE C	DAY YEA	96		YRS.		IF UNDER 24 HRS HOURS MIN.
2	M	ary land		USA	WHAT COUNTRY?	WIDOWE			BALTIMORE CITY <u>OR</u> CO Washingto	n		MD.
1	Н	ty or town of DEA agerstown		Washi	ngton Co	unty E	or other institution	(1	usual occupation type of work for most of wor cabinet make	KING LIFE) II	ob KIND OI NOUSTRY furni	ture
5	130 S	AL RESIDENCE OF NURSI TATE ary land	136 COLIN	ity ington	134, CITY OR TOV Hagerst	RE ADMISSION) NN OWN	134 INSIDE CITY LIM		SIREEI ADDRESS / ZIP 648 N. Pros	code pect	St.	41740
1		THER'S NAME FIRST William	0	alvin		ley	15 MOTHER'S MAID FIRST Susan	EN NAME	R_{ullet}		LAS1 	mith
	(1	VAS DECEASED EVER	U.S. AR	E WAR OR DATES	166 SOCIAL SEC 214-09-		Mary Dale	eu. H	agerstown. M	17.		
		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter or AS CAUSE	ly one cause per			Ane	5	39020000134		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
		Conditions, if ony, gove rise to imm	ediote g the	(b)	R AS A CONSEQU		Acida &	CHE	0 011	162.	20	ber
	2	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	CLU/USIGN A	DI GIVEN I	IN PART 1:0	Te
2	CERTIFICATION	190 DIATE OF OPERAT	TION	or de character	FOR WAICE	H OPERATIO	N WAS PERFORMED				ERE FINDIN G CAUSES	IGS USED OF DEATH?
7		21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE		M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY IN II	EM 18 PART I	OR PART 2)	
	MEDICAL	216 INJURY OCCURE	ILE 🗆	21e PLACE	OF INJURY REE1 FACTORY OFFICE.	, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (c	d alive an	10-1	19_	<u> </u>		apinion dea	th occurred on the date of	nd hour an		1
9		226 SIGNATURE	ME GYPE C	w	- MY	/	ATTEND PHYSIC 22¢ ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN		22c DATE	SIGNED
		49	31	CANG	1		1933	Va.	Ave, Hay	25	July,	ne)
	b	surial, cremation, (SPECIFY)	REMOVA		1985 R	Rose Ha	EMETERY OR CREMA III Cemetes	ry	Hagerstown		_	lary land
		NAME	MINNI on Bi		RAL HOME gerstown		· n	250. DATE R	ECD. BY REGISTRAR 256. F	REGISTRAR	SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

Orthografie 15, 1965 P. O. F. April 18, 1540 -60 mon 5 % adved - 5 1 The terms of the state of the s Comment and rether the college have A. Bastington Street, - Bacerstorn, novial - 10-17-35 Hone Hill Ce oterv Hecerotom, Neelington, He BUBLISTAN , myodatagan

A.S. Cof Enan-commette Hoga, Tor.

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		STATE OF MARYLAND		
- STATE	RGIE VIOLA DEP WSON	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S REG. NO.	9 6 5 4
I. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
///a	rgie V.	Dawson	10-9-8	55
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	June 20, 1898	87 YRS.	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOR	TEIGN 76. CITIZEN OF WHAT COUN	ATRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington (County MD.
10 CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Hagerstown	~	Counmty Hospital	Housewife	IFE) INDUSTRY
USUAL RESIDENCE (IF NURSING 130 STATE 137 Maryland	Thome or other institution give residence washington 13c. CITY or Hag		332 Central	Avenue 21740
14 FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
James	Spran		a MIDDLE	Wiles
160 WAS DECEASED EVER IN		SECURITY NO. 17 INFORMANT	ADDRES 2 CO	entral Avenue
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) 213-7	4-3369 Frances M.		stown Md.
LIO CALISE OF DEATH	Enter only one couse per line (a), (l		Dill City	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	S CAUSED BY:	una ~ lice		BETWEEN ONSET AND DEATH
IA	AMEDIATE CAUSE (a)	30,7,0		300
	DUE TO, OR AS A CONS	SEQUENCE OF		The Control of the State of the
Conditions, if any, v	which (b)			
cause (a), stating	the DUE TO, OR AS A CONS	SEQUENCE OF		
underlying cause	lost.			
	ICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIONS	VEN IN PART TIE
3 deven	anema usi	1 GT front	sud du	recentury
19a DATE OF OPERATION 19a ACCIDENT WAS UNDER	ON 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
OH I			IN CERT	IFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDER	LYING 7 216 TIME OF INJURY	21. HOW IN ILIPY OCCU	YES NO Y	ES NO
		DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18	PARI I ORPARI 2)
S (IF EITHER NOTIFY MEDICAL		19		
OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED	LAT HOME STREET FACTORY O	21f LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE				
22a.1 certify that (1) (th	his hospital) attended the deceased f	rom_9/1 19/50	10 10/9	. 19, that (l) (we) last
saw the deceased	olive an Of 9	, and that in (my) (aur) opinion	death occurred on the date and ha	ur and from the causes stated
226 SIGNATURE	The not view the body offer death.	DEGREE		22c DATE SIGNED
99	4011	ATTENDING	MEDICAL STAFF	udalys
22d PHYSICIAN'S NAM	E TIPE OR PRINTS	1220 ADDRESS	DIRECTOR PHYSICIAN	80/9/10
			noton Ct Un	roughorm Md
	Packer M.D.		ngton St., Had	Jerscowii, Md.
230 BURIAL, CREMATION, RE (SPECIFY) Burial		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
	10-11-63	Rest Haven Cemete		, Washington, M
24. FUNERAL DIRECTOR	ADD	are Hadel Stown . Mil.	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
A.K. Coffma	n Funeral Home	,Inc. OGT	3. O. HOD gining	Halor-Andree

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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DEC NO	1		

1.	STATE REGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH	0 2	2 9	Ö	5 3
L DEC	CEASED NAME	FIRST		MIDDLE	L.	AST .	REG. NO	MONTH DAY	YEAR	7b HOUR
(TYPE	OR PRINT)	SOBE	ERT	Vince		AUNEY	Oc	P1 7.	1985	725,6
3 SEX	Č.	4	RACE	dans.	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONT	HS DATS	HOURS MIN.
	MALE		(AU	AST	ON AP	R 30 1901	84	YRS.		
	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF		MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	DEATH	
	yland		US		WIDOWE	DIVORCED	WASHINGTON			MD.
	gerstown of DE	ATH)	LIF NOT IN SUC	HOSPITAL, NI THEACILITY GIVE	STREET ADDRESS)	g Home	12ª USUAL OCCUPATION IT TO PERSON OF WORK FOR MOST OF THE PERSON OF THE	F WORKING LIFE) IN	NDUSTRY	cturing
13e S	AL RESIDENCE (IF NURS	1136 COUNT	Y	GIVE RESIDENCE		134 INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE		
	ryland	Washi	ily con	Suarps	burg	YES NO	103 E.Antie	e cam	217	04
14 FA	John John	Fr	ank	Del	auney	Ada FIRST	Jane	Br	ashea	irs
	VAS DECEASED EVER		ED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE			
	no	1 1 1 1 1 1		215-07	7-8877	Linda Norris	Rţ1 Bx189A S	harpsbu	irg,MD	21782
	PART DEATH W	H (Enter only VAS CAUSED IMMEDIATE	BY	the	Tillsty	Familion	C,		RETWEEN OF	NSET AND DEATH
	Conditions, if any gave rise to impose to interest	mediate	DUE TO, O	R AS A CONS		Welling BH	19 arpur	,		
	underlying course		101	. 45 / 6011	egoesco-or					
	PART 2 OTHER SIGI	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CONE	DITION GIVEN I	N PART IIo	
ON										
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. JEYES, WE INCERTIFYING YES	RE FINDING G CAUSES (GS USED OF DEATH?
CER	21a, ACCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW INJURY OCCUR			OR PART 2)	
	OR CONTRIBUTING			M. MONTH M.	DAY YEAR					
MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION			COUNTY	41.495
\$	AT WORK NOT WE	MILE D	(AT HOME ST	REET FACTORY O	FFICE FARM ETC)	STREET	CITY OR TO	44	COUNTY	STATE
	22a 1 certify that (I)	(this hospita	ly ottended h	e deceased f	rom 10	19 60			. 1	hat (I) (we) lost
	sow the deceos	ed alive on_	view the body	ofter death.	.19, or	nd that in (my) (our) opinion	death occurred on the do	te and hour and	trom the c	buses stated
	226 SIGNATURE	wite	salel			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN [7]	16 P	dr &
	22d PHYSICYANS N	AME (TYPE OF	anda	24/2	51	382 1604	the el Evelon	HAY	dela	W Hel
	BURIAL, CREMATION,	REMOVAL	23b. DATE	142	230 NAME OF C	EMETERY OR CREMATORY	73d LOCATION	1	and a	-
	Buria	1	Oct.23	3,1985	Mt. View	Cemetery	Sharpsburg	Washin	gton	Maryland

DHMH - 16 60M 7/84

IMPORTANT

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. morked or Item 18 shows ony

Major M.Osborne (VRA 15, 4)

24 FUNERAL DIRECTOR

Williamsport, MD 21795

Sharpsburg Washington Maryland

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0.00 . 00 is no TATE OF THE STATE OF THE STATE Marian Information of the state economic FS , for hearth a read today 171-1-192 E-193 . Borne . 1916 Lille, L. 18.

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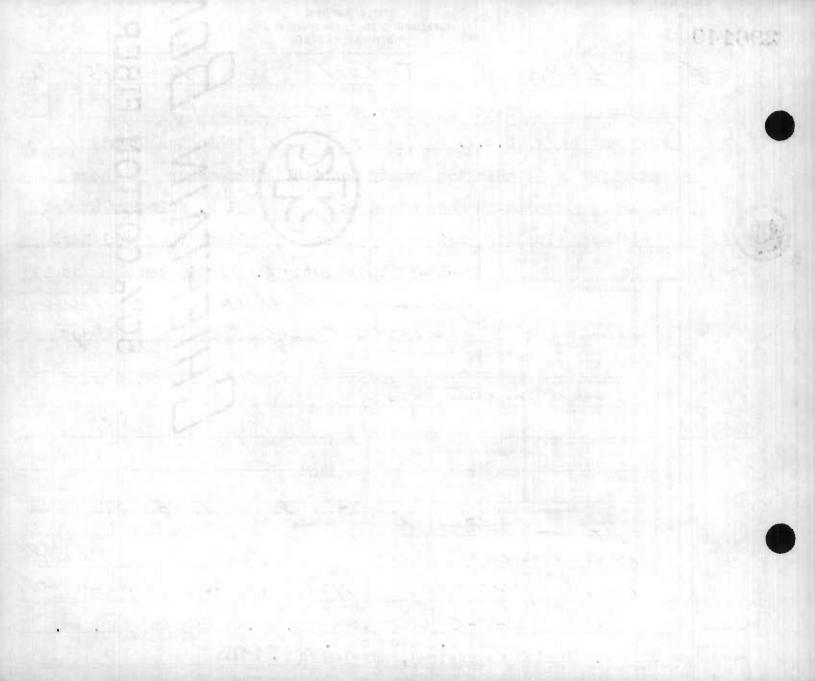
(VRA 15, 4)

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STATE OF MARYLAND

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296140	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 5 2.	9 5 5 8
poge 3	{TYPE	EASED NAME FIRST ERM	4	-	X O N	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 15-95 9074 IF UNDER! YEAR IF UNDER 21 HRS
ctor. p	3 SEX	emale	White	Nov	6 3000	00	MONTHS DATS HOURS MIN.
h. Pog	70 BIF	THPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHA	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
deor deor		aryland	U.S.A.		VED DIVORCED	Washington	
4 27 110	F.70	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
1 5d h	USUA	RESIDENCE OF HURSING HOME C	R OTHER INSTITUTION GIVE R		1)	Homemaker	I Home
	130 S Ma:			lity or town Lagerstow		7 400	berry Street
10 / / / / / / / / / / / / / / / / / / /	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
	160 W	Michael P		Smith SOCIAL SECURITY NO.	Anna 17 INFORMANT	Elizabeth	Englehart
111/			VE WAR OR DATES	0-10-3361	HB Betty J	. Whittingto	on Same as 13
cot hysica ovo nt,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line f	ar (0), (b), and (c		1-8	METWEEN CHARLY AND DEATH
rbong p		IMMEDIA	TE CHOOL 10)	plecom	n wan by	usca.	day
death attending a cortan a cor		Canditians, if any, which	DUE TO, OR AN	CONSEQUENCE OF	tract int	ection	doip.
by the ase ren		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	a consequence of			
equires the signed the please of the please	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 100
he law r. bn. has bee t permit. ene priat	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH CHERATI	ON WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{VE} \\ \ex
ICIAN: The graphsical properties of the control of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	URY MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}
G PHYSIC ottending ter this cer s the burio and Ment rked or ther	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF IN		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN tol or TOR: Aft or use or of Health		27a. I certify that (1) (this has	10-15	19 Pr	and that in (my) (our) opinion of	to	that (1) (we) lost d have and from the causes stated
AL OR AT the hosp tal DIREC detoched f ore Dept T: if item?		obove, (I) (ar) (did) (d	Pencer	Mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 10-15-85
O HOSPITAL etoined by 11 TO FUNERAL should be det with the State		Chaves	Spekcer		1198Ker	rly Ave the	igention Md.
		URIAL, CREMATION, REMOVA SPECIFY) Burial		_	CEMETERY OR CREMATORY	21 LOCATION CITY OR TOWN	COUNTY STATE
BP	24. FI	INERAL DIRECTOR	10-17-8			k. Hagerstown	1 Wash Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	305 ich Hager	Nappotom stown. M		1 1385	e superino gas so



STATE OF MARYLAND

	1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO	29059
	1. DECEASED NAME FIRST (TYPE OR PRINT) Susanna	ah Cushwa	EGAN	14 D.I.E O. DELILI.	0 09 1985 11:05 A
	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
	Female	White	7 16 DAY 1906	79	YRS DATS HOURS MIN
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
)	Maryland	U.S.A.	WIDOWED DIVORCED	Washingto	on County MD.
)	Williamsport	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) rement Center	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFET INDUSTRY
5	USUAL RESIDENCE HE NURSING HOME 130 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JUNITY 13c CITY OR TOW Hagers	N 134 INSIDE CITY LIMITS	? 13. STREET ADDRESS /	zip code Avenue 740
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
	Victor Mo	nroe Cushwa	Mary	Susan	Fechtig
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECU 229-44-		Baltimor Egan Jr.	e. Md. 21212 344 Broadmoore Ro
	PART I. DEATH WAS CAUS	anly one couse per line for 10, (b) and SED BY: ATE CAUSE (a)		(37	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause to; stating the underlying cause last	DUE TO OR AS A CONSEQUE	Ellouin LA	HT CUNK	3-4 Dores
		CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TI	erminal disease or cond	ITION GIVEN IN PART TIO
1	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	CAIR	AY YEAR	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
	214 INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION		

TO FUNERAL DIRECTOR. After this certificate has b should be detached for use as the burnal-transit perm with the State Dept. of Health and Mental Hygiene pr

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

marked or Hem 18 shows

MPORTANT.

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23h DATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Baltimore

COUNTY

22c. DATE SIGN

(SPECIFY) Removal 24 FUNERAL DIRECTOR

WHILE

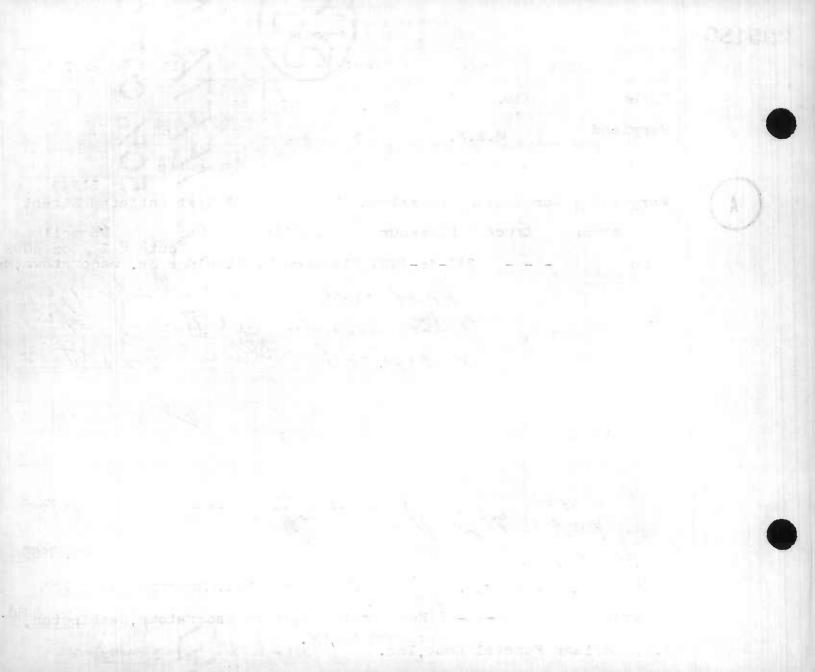
NOT WHILE

Hopkins Univ.

(my) (aur) apinian death accurred an the date and haur and from the causes stated

305 Noor Poto mac St. Hagerstown. Maryland

MEDICAL STAFF
DIRECTOR PHYSICIAN



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~/_	I DE	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF			YEAR	26 HOUR
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cremo		cause (a), stat	ing the)									
uriol vo '		PART 2 OTHER SIG	GNIFICANT C	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BE	IT NOT RELATED	D TO THE TERM	AINAL DISEAS	E OR CON	DITION GIVEN	IN PART 1/c	1
d or	NO												
Dritor	TAT										20b. IF YES, W	ERE FINDIN	GS USED
ene	TIFIC								YES	NON			OF DEATH?
8 sh	CER						21c. HOW IN	NJURY OCCUR					
em I	AL						8						
or #	EDIC			21e PLACE	OF INJURY		211 LOCATI	ON					
ked	X	AT WORK AT W	WHILE O	(AT HOME, STE	REET, FACTORY, (OFFICE, FARM, ETC.)	STREET			CITY OR TOW	/N	COUNTY	STATE
tioa di la		220.1 certify that (1) (then begins	ttended #h	e deceased	fram 12-2	3-	1980	ta	10-24	19	85	that (I) (ma) last
of Hi 21 is						19	and that in (my)) (apınıan	death accurre	d an the do	ate and havr ar	nd from the	causes stated
ept Hem		226. SIGNATURE)	view the body	affer death.	0	DEGREE					22c. DATE :	SIGNED
# T P	-	EBT	troma	d TIT	mi	7		ATTENDING PHYSICIAN	MEDICAL			10-2	26-85
AN		224. PHYSICIAN'S	VAME (TYPE OR	PRINT)					DIRECTOR		IAIT		
POR th		Frank	B Thor	mas, II	I,M.I).	Two	Tonol	oway	Har	ncock,	Mary	land :
-	230. B	SPECIFY)	N, REMOVAL	23b. DATE				CREMATORY	23d. LOCA	TION		LINEYAL A.	STATE
		BURIAL		110/27/	1985	ORCHARD	RIDGE		I HANC	OCK, W	/ASHING	IUN,MD	1.21/50
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7/73	2 FL	INERAL DIRECTOR	11	Q	ADDR.	Ancor		250. DAT	E REC'D BY RI	COST ST	256. REGISTRAL	S SIGNATU	URE W
	with the State Dept of Health and Mental Hygiene prior to buriol, creaming a more and in the state Dept of Health and Mental Hygiene prior to buriol, creaming a more of them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examination of once the more of the more	with the Stote Dept of Health and Mantal Hygeree prior to buring, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 18 shows any injury, or other troumptic event, the medical examining them 21 is marked or them 21 is marked or them 21 is marked or them 22 is marked or them 22 is marked or them 23 is marked or them 23 is marked or them 23 is marked or them 24 is marked or them 24 is marked or them 25 is marked or them 2	TOURS OF DEATH OF THE PROPERTY	TOUR PART I. DEATH WAS CAUSED IMMEDIATE PART I. DEATH WAS CAUSED IMMEDIATE. TO CONTRIBUTING AUGUST PART I. DEATH WAS UNDERLYING AUGUST	The state registrar regist	The state registrar I. DECEASED NAME FIRST MODIE ORVAL CLIFFORD ORVAL CLIFF	TO CERTIFICATE PROTECTION OF DEATH To BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? STATES WHITE OCTIVICATION OF DEATH TO COUNTRY? TO COUNT	The control of the co	TO STATE REGISTRAR CERTIFICATE OF DEATH CAST CAST	DECRASED NAME DECRAS	The STATE REGISTRAR DECEASED NAME FREST MODILE LAST TABLE LAST LAST TABLE LAS	CERTIFICATE OF DEATH SEC. NO.	1 - STATE REGISTRAR REGISTRARE STATES MODILE 1831 REGISTRAR REGISTRARE 1 - REGIST

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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an Ar	age 3 death	4

FOR STATE REGISTRAR

TO FUNERAL DIRECTOR: BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA

DHMH - 16 50M 1/81 (VRA 15, 4)

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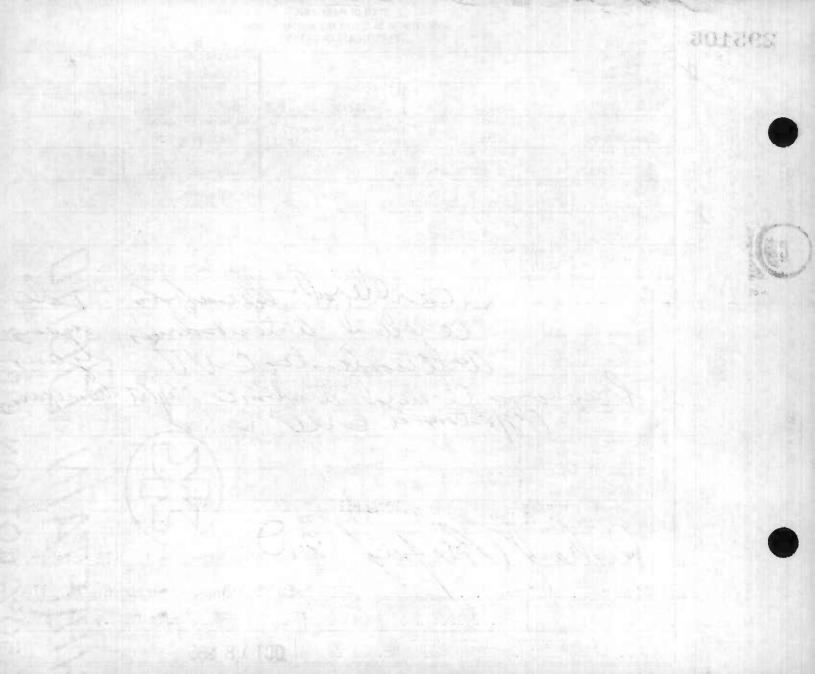
24 FUNERAL DIRECTOR

415 E. Wilson Blvd., Hagerstown, Md. 21740

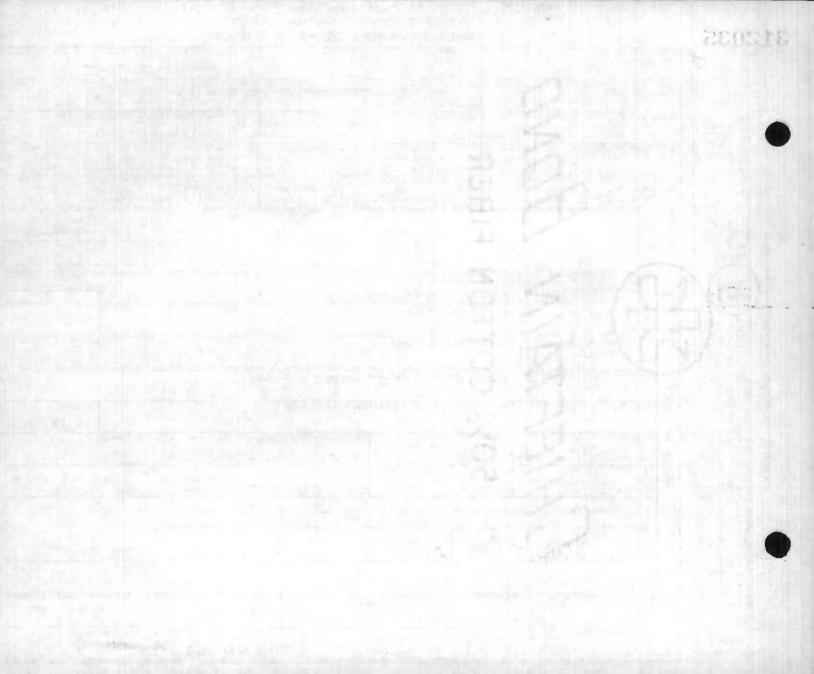
	DECEASED NAME FIRST	WIDDLE	i i	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOU	JR
1	Henry	Carrol	GIV	ENS	October 15,	1985		M
Ì	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	
	male	white	Feb	ruary 27, 1902	83 YRS.	MONTHS DATS	HOURS	MIN.
	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH	- 11	
	Tennessee	USA	WIDOWE	D DNORCED	Washington			MD.
1	Hagerstown	(IF NOT IN SUCH FACILITY, 8 Kent A	Venue	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Self-employed	12b. KIND O INDUSTRY bar	F BUSIN	ESS OR
7	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 13b COUN Wash	ITY 13c. CITY	OR TOWN CERSTOWN	13d. INSIDE CITY LIMITS? YES NO 30	13e STREET ADDRESS 8 Kent Avent	ue 21	740	
-	14 FATHER'S NAME FIRST CUrren	MIDDLE Giv	last ens	15 MOTHER'S MAIDEN NAM	ME	LAS	Ť	
	160 WAS DECEASED EVER IN U.S. AR.		IAL SECURITY NO.	17 INFORMANT	ADDRESS			
	yes W. W.	E WAR OR DATES) 214-	09-8249	Mrs. Lena Gi	vens, Hagerstown	n, Md.		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for	h (b), and (c)	10 x . D /		APPROXI BETWEEN	MATE INTE	12
		E CAUSE (0)	en	L'ay le	Ment on	, /	0	ly
		DUE TO, OR	NSEQUENCE OF	1 6-6	1	1	,	U
	Conditions, if any, which gave rise to immediate	(b)	recer	a are	us >any	7	70	-
	couse (a), stating the underlying couse last	DUE TO, OF AS A CO	LLION	Coulty	CVII	1	e	ny
	PART PART SIGNIFICANT O	ONDITIONS CONTRIBUT	10 DEATH BUT	WINTER TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART THE	ned	an
	196 ATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	AMERICAN CONDITIONS FOR	WHICH OPERATION	N WAS PERFORMED	-	ES, WERE FINDING IFYING CAUSES	OF DEA	TH?
	OR COLUMNIA COLUMN			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION	CITY OR TOWN	COUNTY		STATE
	MHILE NOT WHILE AT WORK	THE HOME, SINCE I, EACTOR	T, OFFICE, PARM, ETC.)					
	22a.L certify that (I) (XXXXXX			pril 1964		. 19		
1	spow (I) (se) (dyn) did no		19 07 , or	nd that is (my) AVA) approved	death accurred on the date and ha			sted
	Kirlan	1/1/85	Any	Miliano	MEDICAL STAFF DIRECTOR PHYSICIAN	16 Oc		er.
	TA PHYSICIAN'S NAME (THE O	PRINT, U	1 /	22e ADDRESS		110 00	2.000	-11
	Richard T. Bint				Avenue, Hagers	town, Mo	1. 2	1740
	230 BURIAL, CREMATION, REMOVAL burial	23b. DATE 00+ 18 198		ven Cemetery	Hagerstown,	Tach M	am 1º	TATE
	Duriuu	000.10,100	nest na	ven cemetery	nagers court,	vusil., M	uryl	aria

Oct. 18, 1985 Rest Haven Cemetery
MINNICH FUNERAL HOME 125. D.

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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3120	133	-	REGISTRAR	FIRST	M			K 5 C	EKIIFI	CATE	Jr ve		REG. NO.	MONTH	D. W. W. B.	To hom
ш	5		E OR PRINT)	1	1	Diani	2					OF DEATH	ESTI- MATED XX		DAY YEAR	26 HOUR
EAS	REFERS	3. SE)		Kel RACE	S. DATE OF BIRTI	D.	6 AGE (IN YEAR		ger	IF UNDER	R 24 HRS	2c. DATE	MAIEUAA	MONTH -	30 19 85 DAY YEAR	2d HOU
RY, PI	E S FOR YOUR FILES. D WITHIN 72 HOURS W REETON STREET.	fe	emale	white	May 23,	1968	17 YRS	MONTH		Hours	MIN	PRONOUN	CED	10-	31 1985	12:2 p. A
ESSA	X I I	FO	RTHPLACE (ST	ATE OR	76 CITIZEN OF V	VHAT COUN	TRY?	MARRIE	D NE	VER MARE	RIED 2	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	
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- +	PAGE FILED S. 2017	Ha	ry or town o	wn	Washir	racility, gives	County	Hosp		TION	stuc	was occup.	ATION (TYPE O ING LIFE) restar	irans	or industrate ho	SINESS RY DUSE
21201 ANY D AND 3	S CENTANA		tate tryland	IF IN NURSING HON 136 COL Was	AE OR OTHER INSTITUTION. JINTY. Shington	GIVE RESIDENCE	DEFORE ADMISSION OR TOWN	N)	13d INSIDE (ITY LIMITS?	13e SI	REET ADDRESS	Box	960	3/74	4
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RE,	£22//U		Harry	- 1	E.		Sr.	700		lvia		T.	DOLE .		Ridenoi	ir
BALTIMORE STATER DEA	OSS /	16a V	VAS DECEASED	EVER IN U.S. A	ARMED FORCES? NE WAR OR DATES)		-96-539		17. INFOR		, F	Hagan	ADDRESS	Наса	rstown,	ма
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102	SPAR		lying cau	e lost,	(c)											
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	E CHIEF BE USED NT OF HE BURIAL	5	THE BATE OF	O'EKAHO!	170 CONE	MIONTOR	WHICH OFERS	IIION W	ASPERIOR	.MED?					20 AUTOPSY	
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AWN THEIR	M LE		death resulte	d Iram: No	itural causes ,	Accident	XX, Suic	ide .		cide .	Unde	termined mor	nner .			
36	\$ 5 6 6		ACTUAL	II DU	12.6 Mm	4/2	00			PECIFY)	+	DICAL EXAMI		DATE	10-31-8	85
2	SE SE SE	/	.SIGNATURE_	4004)	F	0 140 4	<u> </u>))
O MEC	PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH IT BALLMORE, MARYLY		(TIPE OR PRIE	11)	garita A.				DDRESS_				alto.,	Md.	21201	
7.3		23a B	JRIAL CREMAT PECHYI LYLAL	ION, REMOVAL	Nov. 2, 19		NAME OF CEM					OCATION	m Was	h COUNTY	Marylan	ATE
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	HMH - 17 A15 ME (5))	4	5 E. W		lvd., Hage	cc		2174		NU		6 1985	THE R	and don't	- Romer	-



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI October 2, 1985 Hilda HAMBLETON 4:30 F Mae 1:-SEX 4 RACE 5 DATE OF BIRTH AGE LINYEARS LAST BIRTHDAY IF UNDER I YEAR ABTIL 18". 1925 60 Female White A BINTHILACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Washington Dargan, Md. U. S. A. II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWITE WORKING LIFE Own Home Washington County Hospital Hagerstown 13d INSIDE CITY LIMES? 13. STREET ADDRESS ZIP CODE Washington Sharpsburg 21782 ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hetzel Annie Gav Raymond WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rfd. 2 Box 300 HE YES GIVE WAR OR DATEST 219-14-9318 George M. Hambleton. No Sharosburg, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a) (full mind of BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) SEQUENCE O him statoustice lang Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) opinian deoth occurred on the date and have and from the causes stated above, (1) (did) (did nat) view the body after death 22h SIGNA DEGREE MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

Samples Manor Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Boonsbero, Md. 21713 John H. Bast. Jr.

10-5-85

Samples Manor, Wash. Co., Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 295083 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO AA IETO E 2a. DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) Russell 10-14-85 7:20 Hann Patrick 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1. 5EX 9% Male White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY Washington County Maryland WIDOWEDE DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Avalon Manor N. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown dairy Nursing Home farmer SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 134 OUNTY 134 CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 2443 Bowersox Rd./21776 Carrol Vew Windsor Maryland 15 MOTHER'S MAIDEN NAME A FATHER'S NAME LAST MIDOLE FIRST MIDDLE King Hann Emma Tack ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) New Windsor, MD 220-34-6014 Kenneth B. Hann Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVARY LIG CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) nto! Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M Me 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) ottended the deceased from, saw the deceased alive an , and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 275 DATE THE NAME OF CEMETERY OR CREMATORY nedificion STATE Buria1 Cemetery New Windsor Carrol DHMH-16 60M 1/73 (VR A 15 (4))

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE PATHER SIAME MADDIE STORE OF PATH MADDIE MA	1	На	ngerstown	"Wash	ington"C	ounty				INDUSTRY	n Home
THE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 214-09-3889-B Mr. James C. Harbaugh, Maugansville, Maug	2		AL RESIDENCE (IF NURSING HOME OF	ington			-A -	13. STREET ADDRESS	entiel	d Ave.	21767
NOS. NO GEUNKNOWN 19 YES CIME WARDER DATE: 214-09-3889-B Mr. James C. Harbaugh, 321 Green 116 Maugansville, 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Condition, if any, which gove rise to immediate couse 101, stehring the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSE	2	14 FA		MIDDLE	Shyd	er				Mo	bre
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22d. PHYSICIAN'S NAME (IYPE OR PRINT) AIB DUL WAHEED, up 1610 OAK HILL AVE. HAG, MD 21 23d. BURIAL, CREMATION, REMOVAL 23b DATE 23d. NAME OF CEMETERY OR CREMATORY 23d LOCATION			sow the deceased alive on above, (1) (we) (did) (and no		19	, 01	nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STA	ote and hour	and from the	
			1000 114	~	mo		40	HILL AVE	. H4	19.M	02174
24 FUNERAL DIRECTOR 250 DATE REC'DERY REGISTRAR'S SIGNATURE		(Burial				ew Cemetery	Keedys	ville,	Wash.	Co., Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

John H. Bast, Jr.

Boonsboro, Md.

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1 11/0		CEASED NAME E OR PRINT)	ewrenc		Marvin		RMON	October	19, 198		2b. HOUR 3:00A
ge 4 mon	3. SE	x ale		4. RACE White	9	S DATE O	ust 13, 1917	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
A STATE OF		RTHPLACE (STATE OR COUNTRY) runswick,	1000	V. S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	BALTIMORE CITY O	_	OF DEATH	N
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12	USU 13p M	AL RESIDENCE (IF NURS STATE aryland	136_COUNT Was	other institution	RONT ers		13d INSIDE CITY LIMES?	P. O. BO	ZIP CODE	2177	9
	14 F	Jacob		F.	Harmon		15 MOTHER'S MAIDEN NA/	ME MIDDLE Lea.		Deener	Л
77.17		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GIVE	MED FORCES? E WAR OR DATES) TWO	216-10-		Mrs. Frances		SS P. O		
is that the death certificated by the attending Flyscologic remove carbon approach to cremation, or removed or other traumatic certifications.		Conditions, if ony, gave rise to imrecouse (a), statir underlying cause	AS CAUSEI IMMEDIATI , which mediate ng the last	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	Myocard	0	arten	insta	MAYE INTERVAL ONSET AND DEATH 616NEO
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AT HOME STREET, FACTORY, OFFICE FARM ETC)

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR A hould be detached for use with the State Dept. of Heal

IMPORTANT.

KINLAND 23a BURIAL, CREMATION, REMOVAL Burial 10-21-85

22a.1 certify that (1) (this haspital) attended the deceased fram

NOT WHILE

saw the diceased oliv obove, (1) we) (did) (di

22d PHYSICIAN'S NAME (TYPE

226. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY Brownsville Hgts. Cem.

DEGREE

22e. ADDRESS

610

STREET

CITY OF TOWN

(our) opinion death accurred an the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR John H. Bast, Jr.

Boonsboro, Md. 21713 Brownsville, Wash. Co., Md.

BYREAL PLAN 250 REGISTRAR DOISNAFLIRE

COUNTY

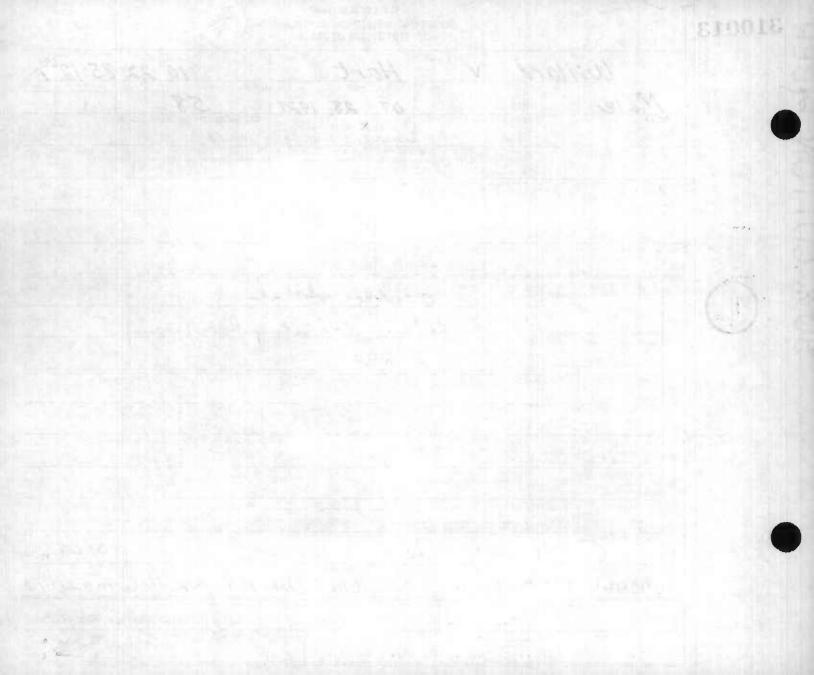
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STATE OF MARYLAND

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r	7a BII	OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER /	MARRIED -	9 BALTIMORE CITY)F DEATH	
d		aryland	USA		WIDOWE		VORCED	Washingt			MD.
2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
J		gerstown	Washing	ton Count	y Hos	pital				airc	raft
	USUA 13a S	L RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		21740
A			ashington	Hagersto		YES 🗌	NO X	Route 2	, Box 2	231	21740
Ī	14 FA	THER'S NAME		1007		15 MOTHER	SMAIDENNA				67
0		Raymond	W.	Hart		Lou	ise	MIDDLE		Shaw	
-		AS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMA	INA	ADDR	ESS	XICT I	0.12
	No		ES, GIVE WAR OR DATES)	213-24-97	797A	Mildre	d Hart,	Hagerstow	n, Mary	land	
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		PART I. DEATH WAS CA	AUSED BY:	_	onde	6	Arre	1-			
ų.		IMME	DIATE CAUSE (a)		- CD-(_			
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7	J.	THE DATE OF OTERATION	17,0 00110	morrok vinen	O' ENTITIO					ING CAUSES	S OF DEATH?
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۱	WED	21d. IN JURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR T	NWC	COUNTY	STATE
		WHILE NOT WHILE									
		220 I certify that (I) (this		ne deceosed from_			, 19	, fa			, that (I) (we) last
		sow the deceased olin abave, (1) (we) (did) (d	ve an lid nat i view the bady	rafter death.	, on	id that in (my)	(aur) apinian	death occurred an the o	ate and haur o		
		22b. SIGNATURE	01			DEGREE	ATTENIONIO	11ED-05.11 CT.	re	22c DATE	E SIGNED
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	1	22d. PHYSICIAN'S MAME	1			22e ADDRES	-	111	11	1	
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		URIAL, CREMATION, REMO			NAME OF C	EMETERY OR	CREMATORY	236 LOCATION			
	bu	rial	Oct. 25	,1985 Res	st Hav	en Cem	etery	Hagersto	wn, Was	sh., M	aryland
			MINNICH FU	JNERAL HON	ME		0.000	ERECID. BY REGISTRAL			
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

		TILL SHETS TO ALT						REG. N	Ο.		
		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	YEAR	2b HOUR
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9	1.50		, , ,	4 RACE	, or post t	5. DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		Female			ite	MONIT		76	_	NIHS DAYS	HOURS MIN.
	7a Bs	RIMPLACE STATE OF	DIEIGN	76 CITIZEN OF	WHAT COUN	TRY? 8		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
2		aryland		USA		WIDOWE		Washington			MD.
9	H	agers town	W.S.	Washi	ng ton	County h	or other institution lospital	170. USUAL OCCUPATI TYPHOF WORK FOR MOTE HUOSEW I TE		12b KIND O INDUSTRY HOME	OF BUSINESS OR
	134.5	at RESIDENCE (IF NURS ary land		ington	13. CITY OR Hagers		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 532 Sale	ZIP CODE m Ave.		21740
n,	Challetting a	THER'S NAME		winds.		Auto	15. MOTHER'S MAIDEN NA				
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Ų	16a V	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE		4.7	
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		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for (a), 1b	ond ic	11 11.	A (11	,	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W		E CAUSE (a)	and	ine a	useph ma	arrhymmia		25	Minak
d				DUE TO, O	R AS A CONSI	EQUENCE QE					,
ı		Conditions, if ony,		(b)	Kun	elthe	mech			71	ours
		gave rise to imm cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSI		e lefe une	eenemei		5	days
		PART 2 OTHER, SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART III	0
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-	3	90 DATE OF OPERAT	ION	196 COND	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
ď	CERTIFICATION	1965						YES NO V	YES		OF DEATH?
7	10.00	21a. ACCIDENT WAS UND			F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	15714
	3	(IF EITHER NOTIFY MEDIC	CAL EXAMINER		M.	19					
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY BEET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		22a certify that (I)		tal) attended th	e deceased for	om Ad	N 6 19 85	" Relat	Con 1910	50	ships (I) from Upon
		sow the decease above, (I) (we) (c	ed olive on	delist	ac 18.		nd that in (my) (our) apinion o	death accurred on the de	ate and hour a	nd fram the	causes stated
	153	22b. SIGNATURE	and your tro	/ vicw inc body	aner acam.	10	DEGREE			22c. DATE	SIGNED
	18	Edger	2/1	March	W.K	9-	ATTENDING PHYSICIAN D	MEDICAL STAT	F IAN []	10/1	9/87
		224 PHYSICIAN'S NA					22e ADDRESS			150/-/	19.1
		Edson P.	Moody				St.James,MD				
Ť	23o B	SURIAL, CREMATION,	REMOVAL	236 DATE	T	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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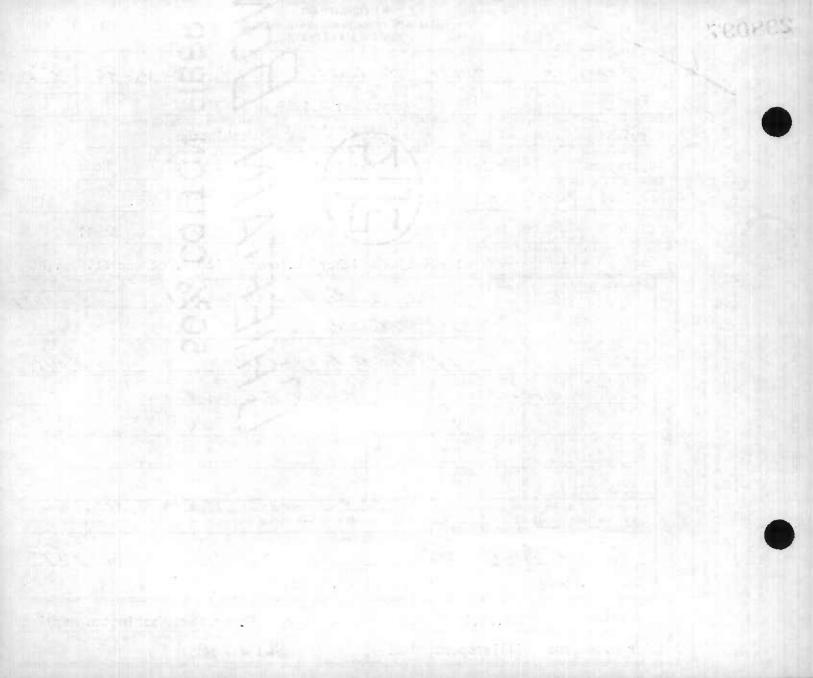
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

Major M.Osborne Williamsport, MD 21795

Hagerstown Washington Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



Boonsboro Md. 21713

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

John H. Bast. Jr.

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3/2	13a S	STATE	13b. COUN	ington	Hagerst		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	A C	740	
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1	(NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	214-36-0	0013	Joseph	Henderson-6	51 Po	nna Arro	
S		18 CAUSE C	F DEATH (Enter or	nly ane cause per line	e for (a), (b), and (c).)	74.7	TOODCPII		71 16	APPROXIMATE II	INTERVAL
12		PART 1 DE	ATH WAS CAUSE	D BY:	Fatty met	tamorr	hisis of t	he liver		BETWEEN ONSET A	AND DEAT
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S.		lying cou	ise last.	(c)					4.3/17		
	z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (o			1999
CREWA	1 8	In DATE OF	OPERATION	196 COND	ITION FOR WHICH OP	ERATION V	/AS PERFORMED?	7200		20 AUTOPSY?	
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				ge of the remains de	scribed above, held on	Autag	sy N. Inspectio	an . Inquiry .	and in my op	DIDIOO	
		death result		rol causes X.		Suicide	Homicide .	Undetermined manner],		
MARYLAND		3000	1	~	>		TITLE (SPECIFY)				
		ACTUAL SIGNATURE.	M	OW	0	A	Assistant	MEDICAL EXAMINER	DATE	9-5-85	
ALLIMORE, M	2	EXAMINER'S	NAME -								
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	24.4	Bur		9-9-8.	5 Rose I	1111		Hagerstown	1 Wash		
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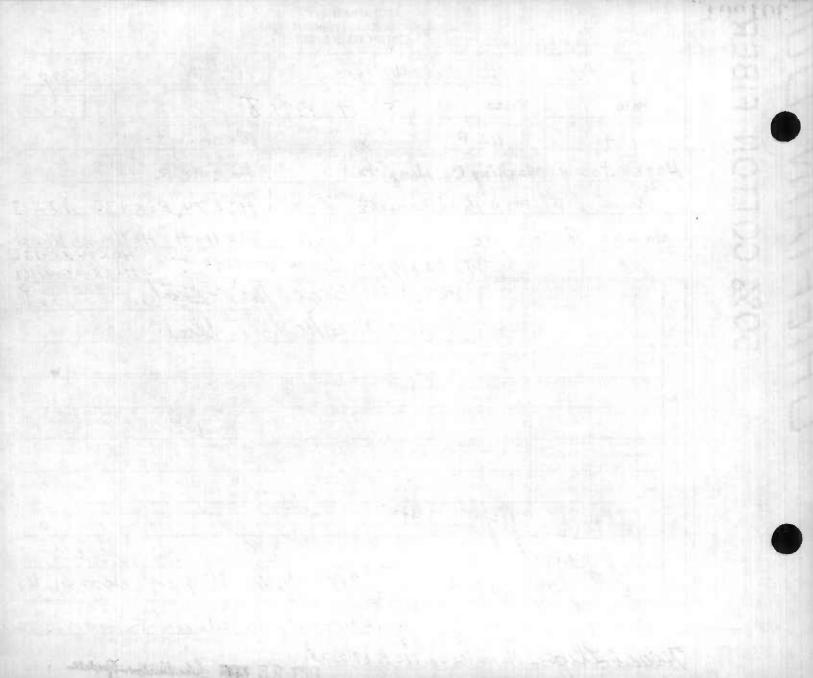
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1001	1.	FOR STATE FOSTER	J. Hollenshead	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	
poge 3		CEASED NAME FRST	JIDDLE HOLE	7kU>h24/	REG. NO. 20 DATE OF DEATH, MONTH DAY YEAR 20 HOUR
ector po	3 SE	x Male	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 14
The state of the s		RTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED !	9 BALTIMORE CITY OR COUNTY OF DEATH
170	14	age estows	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET WASHING CO. H	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
A none	The second		OTHER INSTITUTION LIVE RESIDENCE BEFOR	READMINION) 134 INSIDE CITY LIMITS:	0/1/10
TO AND	V	THER'S NAME FIRST HOLI	MIDDLE LIST	15 MOTHER'S MAIDEN	
executed by the state of the st	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	URITY NO. 17 INFORMANT 7997 GO LIE. M	ADDRESS HCR74, BOX
Cote be	-	18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE		nd Landes fur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
d dering			DUE TO, OR AS A CONSEGRE	THE GENT OF CONTRACTOR	12 / 173
he atten motion, r troumo		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	constroyye.	me follow
ed by the oleose rand, or othe		underlying couse last	DUE TO, OR AS A CONSEQU		
een sign it Then or to bu	TION				ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
the law reion. The hos be sait permit grene pri	CERTIFICAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
phys ortrifico ol-troe mtol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ortending ortending ord Mer ked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STAT
TENDIN intol or TOR Aft or use or if Heolith		220.1 certify that (I) (this hasping sow the declared alive on		ond that in (my) (our) apini	on death occurred on the date and hour and from the causes state.
OR AI he hosp DIRECT oched for Dept o		above (1) (wh) (did) (did no 22b. S/OWA NURY	/r / .	DEGREE ATTENDING	220. DATE SIGNED
eroined by the TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (1) PED	RPRINT)	PHYSICIAA 22e ADDRESS	DIRECTOR PHYSICIAN DISCONDENSION DISCONDENSI
should should with the property of the propert		BURIAL, CREMATION, REMOVAL	70/13/3/ 23b DATE 23c.	NAME OF CEMETERY OR CREMATOR	
121111111		(SPECIFY)	11-71-95 -	111.11.11.11	CITY OR TOWN COUNTY SATE
BP 16 60M 7/84	24 F	LSURIAL UNERAL DIRECTOR	Here y	deli my Hill Chinas [1	DATE REC.D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIFICATE OF DEATH

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10.					
MONTH	DAY	V.C.	A.D.	01	110

									REG. N	10.				
	CEASED NAME OR PRINT)	Jack		chard		OOVER		20. DATE OF			1985	YEAR	26 H):20
3 SE	x nale		4. RACE White		S. DATE O		1928	6 AGE (INYE	ARS LAST B	RTHDAY)	MONIH	DER I YEAR	HOUR	DER 24 HRS
	RTHPLACE (STATE COUNTRY) Maryland	OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M	ARRIED O	9 BALTIMOI W			ITY OF D	EATH		MD
Н	ty or town of clagerstow	n	Washing	OSPITAL, NURSIN FACILITY, GIVE STREET STON COL	inty H			12a USUAL C (TYPE OF WORK INSTA					n m	ness or
13a S	AL RESIDENCE (IFN STATE laryland	13b, COUN		13t. CITY OR TOW William:	/N . I	13d INSIDE CIT	TY LIMITS?	13e. STREET 2	DDRESS	ner A	lve.	21	7XHQ	
	Robert		WIDDLE	Ĥoov	/er	15 MOTHER'S	MAIDEN NAM		MIDDLE			W	ölf	
1,	VAS DECEASED EV YES NO OR UNKNOWN)		MED FORCES?	212-24-		Mrs.	Bettie	In Ho	ADDR		aers	tow	1. A	۸d.
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O FUNERAL DIRECTOR: should be detach

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

BP

MPORTANT

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

EOWARD W. DITTO, III, M.D.

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN WEST WASHINGTON STREET

Ост. 23, 1985

22c DATE SIGNED

HAGERSTOWN, MARYLAND

23d. LOCATION

burial Hagerstown, Wash., Md. Cedar Lawn Mem. Park Oct.25, 1985 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

ASCÓUTAL JARÓINS ATEURITH PHILARY LESION ADENDOARDINGMA SE A ELEDING CELON

COLYS REPORCE THE TOTAL COLUMN

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SHTMOWSI - 6

Thompson Funeral Home, Inc. Clear Spring,

DAVID HOSE

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

24 FUNERAL DIRECTOR

REGISTRAR JOHN

Pangborn Corp. 13e STREET ADDRESS / ZIP CODE Boope Box 357 Williamsport, Md. 21795 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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12h KIND OF BUSINESS OR

E UNDER 24 HRS

IF UNDER LYFAR

02.11.08

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	1			STATE OF MARYLAND		
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		CEASED NAME FIRST	MIDDLE Duc	elle LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
tar, page 3 after death			im D.	Johnson	10	17 85 2 75/AM
ter p	3. SE	•	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
96		M	white	12 4 08	76 YI	
rol dir. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	TRY? B MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
6 5 5 6		Md.	USH	WIDOWED DIVORCED	Washing	Ton MO
by the furtiled within	H-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
S = S ///	USU,	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13e STREET ADDRESS / ZIP C	one 21-1140
should be		THER'S NAME	sh. Hage	TOWN 13d INSIDE CITY LIMITS? YES NO 1	129 N. Col	onial Dr.
ond 2 and 2			John	FIRST	MIDDLE	Johnson
s 1 co		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
A S E		No		Vivian Ky	Johnson, Hagers	town, Maryland
the strike		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly one cause per line for lay (b) BY: E CAUSE (o)	to purdeased	A layerton	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attendings remove carb, cremation, are ather traumatic e		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EDVENTED UTVERS	Dearl.	
		underlying cause last.	(10) WI	Day Copposit	16017	
Then p ta bur injury,	NO.	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART) (a
an. t permit tene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ng physicing physicing certificate mol-transition and them 18 shiftern 18 shif		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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ifter this as the bit and and arked a	ME	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY OF		CITY OR TOWN	COUNTY STATE
ATTENDII sspital ar CTOR: A far use . of Heal		22a 1 certify that (1) (this haspit	10-111		n death accurred an the date and	, 19, that (I) (we) last
OR be he be		77h AGHATURE	view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Ste E	1	WE PHYSICIANS NAME AND	1000	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1 101
etoined by TO FUNERA should be de with the Stat		IN WIND	Marsh	352 (On)	Can day	12949te, 49
BP		urial, Cremation, Removal SPECIFY) remation	Oct.17,1985	23c NAME OF CEMETERY OR CREMATORY Smithsburg Cremator	23d LOCATION CITY OF TOWN Smithshure	, Wash., Maryland
UI	1	T OMG C TOIL	100011111100	Durtenopare or charon	. Lon Dittettobale	, , ,, abit, jiidi jidild

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	lied in by the funeral director po	hould be filed within 72 hours after	
	100	E	
	tos been signed by the ottending physician and market	permit. Then please remove corban papers. Puner Well	
n.	ios been signed by	permit Then please	, ,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21:20

FOR 1 - STATE

CTATE OF MADVIAND DI

	JIMIL O	MANIL	AITU	
EPARTMEN1	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	ATE OF	DEATH	0

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1/	REGISTRAR				CEKIII	ICAIL	PDEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDIE		LAST		20 DATE OF D				26 HOUR
		Alden	Ca	sper	Kef	auver,	Jr.	Octob	er 19,	198	5	12:40
3. SE)	X		4 RACE		5 DATE			6. AGE (IN YEA	RS LAST BIRTHDAY		UNDERTYEAR	IF UNDER 24 HRS
M	lale	1 3	White		Feb		1920	65		YRS.	NIHS DAYS	HOURS MIN
7a BI	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- TX NEVE	R MARRIED	9 BALTIMORI	CITY OR CO	OVITAU	FDEATH	
Wa	shington	1, D. C	U.	S. A.	WIDOWI		DIVORCED []	Washi	ngton			A
	TY OR TOWN OF		LIE MOT WITHOUT	HOSPITAL, NURSIN	NG HOME (OR OTHER I	NSTITUTION	126 USUAL OC				F BUSINESS O
K	eedysvil	le	Rfd.	Box 68	ACORESSI			Firema		D. C	. Fir	e Dept.
13o_S	AL RESIDENCE IF	113h COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	M_	113d INSID	E CITY LIMITS?	I STREET AC	DRESS / 71E	CODE		
M	laryland	Wash	ington	Keedysv	ille	YES 🗌	NO A	RI d.	1 Box	60	217	56
14 FA	THER'S NAME		MIDDIE	LAST		15. MOTH	ER'S MAIDEN NA	WE	MIDDLE		1.45	. 7
1	Alden		asper	Kefauv	er		Karen		Emma		Paul	sen
	VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFOR	MANT		ADDRESS .	Box	: 68	
Ye	es		. Two	578-12-	1312	Grad	ce I. Kei	fauver,	Keedy			21756
	18 CAUSE OF D	EATH (Enter on	ly one couse per	Vine la rion, (M., on	id ic		, 1					IMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	Ď BY E CAUSE (0)	(maro	ness	mal	an the	nech				
	-	IMMEDIA	100	. /	10.	-	1		0	1 1		
	Conditions, if	any which	DUE TO, O	RASA GONSOU	120	16	1.(1200)	a al	Mass	tate	1	Was
	gove rise to	immediate	(6)—		3 (00) 0	0 00			1 . 0			
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Z	PART 2. OTHER	SIGNIFICANT	ONDITIONS	DINTRIBUTING TO	DEATH BUT	NOT KELAT	IED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN	IN PART I	0
ATIC	190 DATE OF OPI	ERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOP	SY? 20h	IF YES V	VERE FIND#	VGS LISED
IFIC					0.50		· Onneo		IN	CERTIFYIN	G CAUSES	OF DEATH?
CERTIFICATION	21a ACCIDENT WAS	UNDERLYING	21b TIME O	FINJURY		121c HOW	INJURY OCCURE	PED (ENITED NIATU	SE OF INJURY BALL	YES [LORBART 31	NO [
	OR CONTRIBUTING		110110 1	M. MONTH D	AY YEAR			(ElaiEu avio	C OF PAJOR I BA	TEM TO PART	TORTANIZ)	
MEDICAL	21d INJURY OCC	MEDICAL EXAMINER	21e PLACE		19	211 LOCA	TION					
MEC	WHILE MY			REET FACTORY, OFFICE F	ARM ETC)		REET		OWOT SO YELD		COUNTY	STATE
		I WHILE			1.0		6-7		r. 16	5	0	
	226.1 certify tho	(II) (this hospit	al) attended th	e deceased from_	7	~~	1900	, to <u>C</u>	CV	. 19.		tho (I) (we) lo
	above (I) v	er (did) [did so	view the body	after death.		_	ny) (our) opinion d	deoth occurred	on the date a	nd hour o	nd from the	couses stated
	19 SIGNATOR	1	3	Pan Pan		DEGREE	ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED S
	POLICIA NA PROPERTIES	" P	,			T	PHYSICIAN D	DIRECTOR	PHYSICIAN		10	21-0
	22d. PHYSICIAN			W D		22e ADDF		4 - 4 - m - C	tr-		OTTO	Wd 015
		J. Tra	ce, Jr.	M. D.			9 E. Ant	recam S	t. na	gerst	, TIWU	Md. 217
	URIAL, CREMATK	ON, REMOVAL	23b DATE				RCREMATORY	23d LOCATI		40 C	OUNTY	_ STATE
B	burial		10-23	-05 Fo	rt Li	ncoln	Cemetery	Brent	wood,	Mont	g. Co	., Md.

DHMH - 16 60M 7/84

John H. Bast, Jr. Boonsboro, Md. 21713 (VRA 15, 4)

OCT 23 1985 June Sundan Tork

deem Crase Seisever, dr. Octoberat, 1965 12.40 0581 .41 .025 a .b .u .d .l .i .no. printen Kerren State of Tox 68 .Joseph D. C. Etre Days. X - 1 arts | reiding our court like 02715 do not 1 .01 need to the term of the contract of the contra Si rot | Di N. M. Tro SH-18-1111 drice I. Referrer, Legrarille, Ho. 21753

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DIVISION OF VITAL

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296157	1	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 5 2 9	6 7 9
hay be death		CEASED NAME FIRST LEWIS	Henry Henry	King	28. DATE OF DEATH MONTH OA	85 320 AM
ector, p		male	white	August 8, 1900	85 YRS	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS OAYS HOURS MIN
		Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washing ton	OF DEATH MD.
by me fi	N 10 C	illiams port	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NILLO MS POYT		12R USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIFE) brick mason	126 KIND OF BUSINESS OR INDUSTRY
within 24 ho	USU 13 _R	AL RESIDENCE IN NURSING HOME OR OF STATE STATE Maryland Wash	other institution, of residence before 13. CITY or town funks to	ADMISSION) 134. INSIDE CITY LIMITS? WT1 YES Q NO 0	13* STREET ADDRESS 218 E. Chestnu	t 2173
ecuted wit completely and 2 sho		Samuel C.		15 MOTHER'S MAIDEN NA FRIST Mary	E.	Springer
be exe and c ages 1		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V NO	NAR OR DATES) 166 SOCIAL SECUR		ADDRESS 8,	
			one couse per line far (a), lb1, and BY CAUSE (a) VENTYIC	War arrhyt	hmia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the series requires that the string please remove to burial, cremation y injury, or other trans	N	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost		ive heart tai	MINAL DISEASE OR CONDITION GIVE	N IN PART 1101
te has beer permit. The law san shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN 19 physician. this certificat urial-transit p Mental Hygin d of-lem 18		21R ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED JENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
DING PH ttending After thi s the buri th and M marked o	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21R PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN pital or a FCTOR: for use a for use a em 21 is		22a.1 certify that (I) (this hospital saw the deceased alive an eye, (I) (we) (did) Idid not)	10-16 198	S - 8 , 19 84 5 , and that in (my) (our) apinion	deoth occurred on the date and haur	ond from the causes stated
ITAL OFF y the hos RAL DIR detached tate Dept INT: If It		The SIGNATURE R	Melub		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITA retained by the TO FUNERAL should be deta with the State IMPORTANT.		ohn R. Melni	ck	Gaith	Frederick Road nersburg, MD 2076	0
BP			Oct.18,1985 Ros	AME OF CEMETERY OR CREMATORY SE Hill Cemetery	Hagerstown, Was	
DHMH-16 25M (VRA 15, 4) 1/79	24 F		ICH FUNERAL HOME lvd., Hagerstown	25. DAT n, Md. 21740 2	E REC'D. BY REGISTRAR 250. REGISTRA	R'S SIGNATURE

and the second that the second the second MALE AND SERVICE TO SERVICE SERVICES OF THE SE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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2	9	5	8	J

REGISTRAR					REG. NO.		
1. DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	John	Wayne	L	ankford	October 3	3, 1985	7:10 E
SEX	4.	RACE	5. DATE C		6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
Male		White	Jun	e 25, 1949		YRS.	HOURS MIN.
BIRTHPLACE ISTATE OF	ia 75	U.S.A.	? 8. MARRIEI WIDOWE	D NEVER MARRIED D	Washington	JNTY OF DEATH	M
CITY OR TOWN OF DE		. NAME OF HOSPITAL, NURSI (# NOT IN SUCH FACILITY, GIVE STREE Western Mary	T ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK EOR MOST OF WORK Mill Wright (F	ING LIFE) INDUSTR	of BUSINESS O
-		HER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	1	9999
Virginia	Fairf	\ /		YES NO X	6509 Berkshir		
FATHER'S NAME	I LULL	GA TATEAGIG		15. MOTHER'S MAIDEN NA		CDITYC	
James	R	Lankford		Margaret	WIDDIE		ell
WAS DECEASED EVE	R IN U.S. ARME	D FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN)	J IF YES, GIVE W		7519-A	Cynthia L.	Lankford 6509	Berkshir	e Dr Ale
IS CAUSE OF DEA	TH (Enter only	one couse per line for (a), (b), a				APPRC BETWEE	DENTERVAL NONSET AND DEATH
PART I. DEATH	WAS CALISED I	BY: CAUSE (0) Cardiac		hmia		One	Hour
	MMEDIATE						
		DUE TO, OR AS A CONSEOU					
Conditions, if on		(b) Hyperkal	emia				
couse (a), state underlying cous		DUE TO, OR AS A CONSEOL					
underlying cous	e 10st.	Chronic	renal	failure		197	9
	artery	nditions <u>contributing to</u> disease. Hyp us and diabeti	ertens	sion.	MINAL DISEASE OR CONDITION hemodialvsis.	Old CVA	
Coronary Diabotes 190 DATE OF OPER	ATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20s AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES [X]	
	CAUSE OF DEATH	HOUR A.M. MONTH [DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITE	(M 18 PART OR PART 2)	
OR CONTRIBUTING USE OF EITHER, NOTIFY MEET OF LINE OF	VHILE []	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22s I certify that C	K (this hospital	october 3. 19.	85, or	ary 22, 1985 and that in (my) (XX apinion DEGREE	to October 3 death accurred on the date on	d hour and from th	that (lixx) late couses stated
100	11119	5 Kuis	1 h	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [10/	4/21
274 PHYSICIAN AN					tern Maryland		
Kyung	S. Kill	1, M. D.		150	O Pa. Ave., Ha	gerstown	MD 217

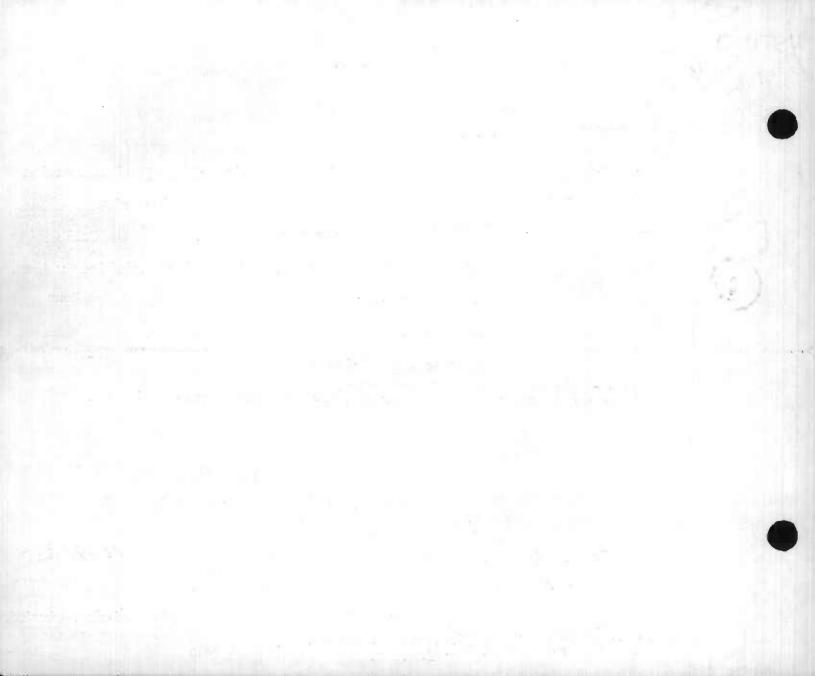
DHMH - 16 50M 4/83 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL ISPECTION Mount Comfort Oct. 7,1985 Cunningham Funeral Home, Inc. Alex., Va. OCT

236. DATE

Alexandria 23c NAME OF CEMETERY OR CREMATORY Fairfax, Virginia

REGISTRAR 25 W REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

7a. 81		Hauptman	Lehn	ian (Jr.	20. DATE OF DI	er 30	DAY YEAR	26 HOUR 9:21a4
7a. 81	Lester	4. RACE		ian	Jr.	Octob	er 30	1985	9:2124
7a. BII			S DATE C						
7a. Bil	Male					6. AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DAY	
1 0		White	Oct		1922	63	YR	s.	S HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AA A DDIE	XNEVE	R MARRIED			NTY OF DEATH	
	laryland	U.S.A.	WIDOWE		DIVORCED [Washi	ngton	County	ME
	Tagerstown	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET Washington Co	ADDRESS)			120 USUAL OC (TYPE OF WORK FO Forema	R MOST OF WORKIN	G LIFE) INDUSTR	of BUSINESS OR
	N/	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		1105	pitai	IT OT EME	111		
13a S	STATE 136 COUN	NTY 13c. CITY OR TOW	N	13d. INSIDE	NO LIMITS?	Route			740
14 FA		AA IPARA SACT					ADDIE		467
	Lester Ha	uptman Lehmar	n Sr		Esther		NUDUE	Hee	fner
			RITY NO.	17 INFORM	MANT	F	APPRESE +	‡ 8 Bc	x 70
()	YES NO OR UNKNOWN) (IF YES GIV	II 217-18-	7129	Haze	1 V. L	ehman F	lagerst	own. M	ld.
	IR CAUSE OF DEATH (Enter or								OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D 9V	/	1 12	ford	Lon			hr.
	IMMEDIA								
	Conditions if you which	DUE TO, OR AS WCONSEQUE	NCE OF						
	gave rise to immediate	(6)					, 5,71		
	underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELAT	ED TO THE TERA	AINAL DISEASE C	R CONDITION	GIVEN IN PART	lio
N	11 44.		ZEALL DO		ED TO THE TEXA	MITTE DIGERGE C		OIT ETT HALL	
ATIC	190 DATE OF OPERATION		OPERATIO	N WAS PER	FORMED	20a AUTOPS			
IFIC		A SALID NAME OF THE OWNER.				VES I	1-/		ES OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW	INJURY OCCUR		A 9		
_		ATH.		1					
2			19	211 LOCA	TION				
WEI	WHILE IN NOT WHILE IT		ARM ETC)				TITY OR TOWN	COUNTY	STATE
- 4		A-15 - A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	16	70	10 7 1	. /0	1/26	10 RY	Above (I) for a More
	saw the deceased alive on	10/2 19			y) (aur) opinion	deoth occurred o	in the dote and		m, that (I) (we) lost he couses stated
	22b. SIGNATURE	11		DEGREE				22c DA	TE SIGNED
1	Here	cht Conston	2	55	PHYSICIAN Y	MEDICAL DIRECTOR	STAFF PHYSICIAN	101	30/85
				100					
	278 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDR	ESS	1		/	/
	14 F/	Maryland Was I4 FATHER'S NAME Lest Ha I60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) I8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gave rise to immediate couse Ia), starting the underlying cause lost. PART 2 OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIBUTIO	Maryland Washington Hagers 14. FATHER'S NAME Lester Hauptman Lehman 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH IEnter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH IEnter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH IEnter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH IENTER only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY. 19. CONDITIONS, (if only, which gove rise to immediate couse Ia), stating the underlying cause lost. 19. DUE TO, OR AS A CONSEQUE DUE TO,	Maryland Washington Hagerstown A FATHER'S NAME	Maryland Washington Hagerstowi YES 14. FATHER'S NAME Lester Hauptman Lehman Sr. 15. MOTHE Lester Hauptman Lehman Sr. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORM (YES NOOR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-18-7129 Haze 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS & CONSEQUENCE OF (b) Governormal Couse 10, stating the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERIOD (IN EITHER NOTIFY MEDICAL EXAMINER) 19c. CONDITION FOR WHICH OPERATION WAS PERIOD (IN EITHER NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY AT WORK A	Maryland Washington Hagerstown YES NOX 14. FATHER'S NAME IS. MOTHER'S MAIDEN NA 15. MOTHER'S MAIDEN NA 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 17. WW II 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) G. C.	Maryland Washington Hagerstowi YES NOT Route IN FATHER'S NAME FIRST Lester Hauptman Lehman Sr. Esther Ise WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR DURKNOWN)	Maryland Washington Hagerstown Yes No No Noute # 8 14. FATHER'S NAME Hauptman Lehman St. Esther No No No No No No No N	Maryland Washington Hagerstown YES NOW Route # 8 Box 7 14. FATHER'S NAME Lester Hauptman Lehman Sr. Esther Hee 15. MOTHER'S MADDENNAME TEST HAUPTMAN Lehman Sr. Esther Hee 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ROTTES # 8 Box 1

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for us with the State Dept. of He

"Cremation

23b. DATE 10-30-85

230 BURIAL, CREMATION, REMOVAL

236. NAME OF CEMETERY OR CREMATORY 236 LOCATION Smithsburg Crematorium Smithsburg, Wash, Md.

Julia Tevidson Bondale

A.K. A.K. Coffman Funeral Home, Inc. NOV 5 1085: Auto Novidada Nov

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Legter Manstram Lohnon Sr. Gather Mante UT Box Nos Willey 217-18-7179 Homel V. Ledman angergham, Ed.

And the state of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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41114				

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	Cod .			
		CEASED NAME	FIRS?	Sâ	ongi		AS1	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOU	-
	live	Will	ow			4	EW	October à	14 198	35~	7,0	19 P
	3 SEX	(4. RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UP	DER I YEAR	IF UNDER	24 HRS
9	ma]	Le		white	3		mber 11,1896	89	YRS.	DATS	HOOKS	MIN
1	70 BIF	RTHPLACE (STATE OR FO	ORE KLA	76 CITIZEN OF	WHAT COUN	ITRY? 8		9 BALTIMORE CITY OR		DEATH		
1		Seoul, Kore	a /	USA	1	WIDOWE	D NEVER MARRIED !	Washin	Ston			MD.
7		TY OR TOWN OF DEAT				URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	R	26. KIND O	F BUSINE	
U	Ha	gerston	m	AUALO	n Ma	STREET ADDRESS)	ursino Home	1andscape		NDUSTRY		
1	USUA	AL RESIDENCE (IF NURSI)	OF LEON	OTHER INSTITUTION			0				00	6.0
2		lifornia		County	Los A		136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	9	190	149
11	34.FA	THER'S NAME					15 MOTHER'S MAIDEN NAM				- /	-
7	X	Yong	Si	k	Lew	T .	Sung	Near		LAST	Han	
1	160 V	VAS DECEASED EVER II				SECURITY NO.	17 INFORMANT	ADDRES			itali	
3	(IF YES, GIVE WAR OR DATES)				565-28	8-0343	Marianne Sch	neider, Hage	rstown	, Md.		
1		18 CAUSE OF DEATH	(Enter or	ly one cause per	line for iai, (I	bi, and ici			I	BETWEEN	MATE INTER	VAL
٦		PART I. DEATH WA		D BY [E CAUSE (a)								
					AS A CONS	EQUENCE OF	1 -	National Control		1000		
		Conditions, if any,	which	(b)_			Houle M	. /		feu:	2 12	1 ton
3	13	gove rise to imme couse (a), stating		DUE TO OF	AS A CONS	EOUENCE OF						
	1	underlying cause	last.	(c)			ASCUA.			Yna	2	
		PART 2 OTHER SIGN	IFIC ANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN	PART 110		
	ó	Chi	d=.	UTI								
9	CERTIFICATION	THE DATE OF OPERATI	ON.	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		20b. IF YES, WE			
*	100			1000				YES NO NO	YES [)	NO [
T	8	210 ACCIDENT WAS UNDE	-			DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART	OR PART 2)	7	
7	B	(IF EITHER NOTIFY MEDICA				19						
	MEDICAL	THE INJURY OCCURRE		21e PLACE C		FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	51	TATE
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		saw the deceased abave, (1) (we) (di	d alive on d) (did na	ti view the body	ofter death.	.19 ar	nd that in (my) (our) apinion o	death occurred on the dat	e and hour one	d from the o	ouses sto	ited
		77% SIGNATURE					DEGREE			22c. DATE	SIGNED	
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	23a B	URIAL, CHEMATION, R	EMOVAL	736 DATE	300 10 10	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11 00	INTY	51	TATE
	bur	sector)		Dct.28,	1985	Rest Ha	ven Cemetery	Hagerstow	n, Wasi	1., Ma	aryla	and

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

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Washing tox	Hegeroton and an Monera Nacency Homes	9
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		500				OF MAKTLAND	49	13	0 5	Q 3
295107	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	9 0	0 0
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page 3	(TYPE	OR PRINT)	Her 1	Marburg	Lias	Sr.	October	11, 19	985	М
you op	3 SEX	(4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
ctor.	m	ale	wh	TO STATE OF THE PARTY CONTINUES OF		ember 22, **192			ONTHS DAYS	HOURS MIN.
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79		agerstown	(IF NOT IN SUC				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY bonder aircr			eraft
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20	14 FA	THER'S NAME FIRST Frank M. I	_ias	IDDIE LAST			S MOTHER'S MAIDEN NAME FIRST Elsie M. Matthias			Л
		VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES GIVE WAR OR DATES)	166 SOCIAL SECT		Dolly Lias,	ADDR			
physic physic modbe emovol.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	ter anly ane cause per AUSED BY: EDIATE CAUSE (a)	line far tal, (b), ai	nd ici i	Arrest			BETWEEN C	MATE INTERVAL ONSET AND DEATH
hat the death ce by the attending ase remove carb all cremation, ar r		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF LOST OF								
equires n signed Then ple tabuna injury, o	NO O	PART 2 OTHER SIGNIFICATION	ent conditions co	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 100	a.
has been priored prior	CERTIFICATION	190 DATE OF OPERATION	19b COND	198 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	WERE FINDINGS USED //ING CAUSES OF DEATH?		
CIAN: TI physicie ertificate al-transit atal Hygi- em 18 sh		21g ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT I OR PART ?)	
G PHYSIs attending er this ce is the buri and Mei ked ar Iti	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TENDIN order or TOR. Aft or use as of Health		22a.1 certify that (I) (this	ve an 10-1	19	177	nd that in (my) (aur) apinian	death accurred on the d	late and haur	o 85	that (I) (we) last causes stated
by the hosp by the hosp ERAL DIREC- ic detached if State Dept. o		abave, (I) (we) (did) (d	View the body	alter death.	J	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
TO HOSPITAL TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME	YPE OR PRINT)			22e ADDRESS				
		BURIAL, CREMATION, REMO				Hill Cemetery	23d. LOCATION CITY OR TOWN	own 1	COUNTY	STATE
BP			INNICH FU				TE REC'D. BY REGISTRAN			Marylanc
DHMH - 16 60M 7/84 (VRA 15, 4)		15 E. Wilson					OCT 1 8 1985	7	met.	Mandelle

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

.K. Coffman Funeral Home, Inc.

Hagerstown, Md. 250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE ADDRESS ME, Inc. 250 DATE RECD. BY REGISTRAR'S SIGNATURE ADDRESS ME, Inc.

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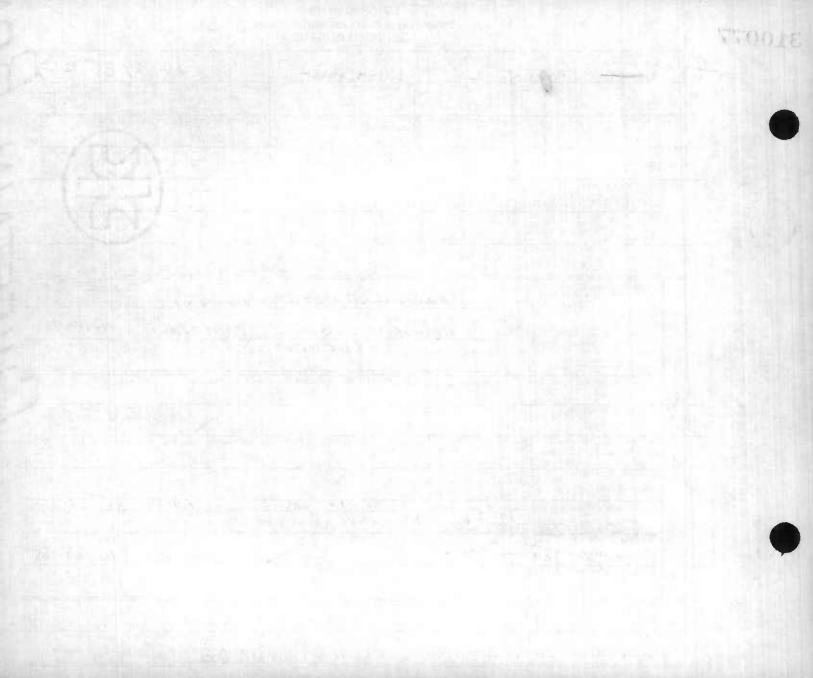
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Wilson Blvd., Hagerstown, Md. 21740

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DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

5	2	9	O	3	5
REG. NO.					

065	1	REGISTRAR				CERTIF	ICATE OF DEATH	W	REG. NO.		
4 - 17		CEASED NAME OR PRINT)	ME FIRST MIDDLE Merle Alvie				2 Z	20 DATE O	F DEATH MONTH	1985	2h HOUR 6:30 P
of the d	3 SEX	ale		1 RACE White		S. DATE C	5. 9, 04 1 904 EAR		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
96	Be	ATHPLACE (STATE OUNTRY)	ek, Md	U. S.		MARRIEI WIDOWE	D NEVER MARRIED X		ore CITY <u>or</u> COUN shington		WD
De la	Ha	gerstown		Rfd. 1	Box 1	82 ADDRESS)	DR OTHER INSTITUTION		OCCUPATION OR FOR MOST OF WORKING TING T	GLIFE) 12b. KIND C INDUSTRY	F BUSINESS OR
and bearing the	130 S Ma	ryland	13b COUN		GIVE RESIDENCE 131 CITY OR Hager	TOWN	134 INSIDE CITY LIMITS?	13e STREET	ADDRESS BOX	82 2	1740
210	I4 FA	THER'S NAME FIRST		Luther	LAS Ma	rtz	is mother's maiden nate is Bertie		EL va	Ho	upt
Poges medico		/AS DECEASED EV ES, NO OR UNKNOWN)		WAR OR DATEST	215-36	-7244A	Golda E. Mar	T.2	Rfd. 1 Box		21710
emovol.		18 CAUSE OF DE PART I. DEATH	WAS CAUSED	y one cause per D BY: E CAUSE (a)_	line for (a), (b	binl Va	scollar as			BETWEEN	MATE INTERVAL ONSET AND DEATH
oumotic		Conditions, if c			R AS ACONS	EONENCE DE	~				
L cremat		gave rise to cause (a), sto underlying ca		DUE TO, OI	R AS A CONS	SEOUENCE OF					
to burio	NO	PART 2 ONERS	DIF CAMP C	ONDITIONS CO	MIRIBULINO	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE OR CONDITION C	GIVEN IN PART 11	a
iene prior	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUT	IN CER	YES, WERE FINDING TIFYING CAUSES	
tem 18 st		21a ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N	CAUSE OF DEAT	HOUR A.		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTERN	ATURE OF INJURY IN ITEM IS	8 PART I OR PART 2)	
rked or h	MEDICAL		WHILE WORK	21e PLACE ((AT HOME STR		FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
of Healt		22a. I certify that saw the dece above. (1) (we	ased alive an_	ol) ottended the	28	50.1-	d that in (my) (our) opinion o	, to	ed an the dote and h		that (I) (we) last causes stated
State Dept ANT: If Item		226. SIGNATURE	hus	Days	i ve	tein	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF	22c DATE	SIGNED /- EJ
MPORTANT		22d PHYSICIAN'S	NAME (TYPE OR	L MO	En	STEIN	220 ADDRESS	,	wn	my	
3 3 7		URIAL, CREMATIC	N, REMOVAL	23b. DATE 11-2-			emetery or crematory o Cemetery	23d LOC		Wash. Co	., Md.
	24 611	NIEDAL DIRECTOR					The second second				

DHMH - 16 60M 7/B4 (VRA 15, 4)

John H. Bast, Jr. Boonsboro, Md.

NOV 0 4 1985 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

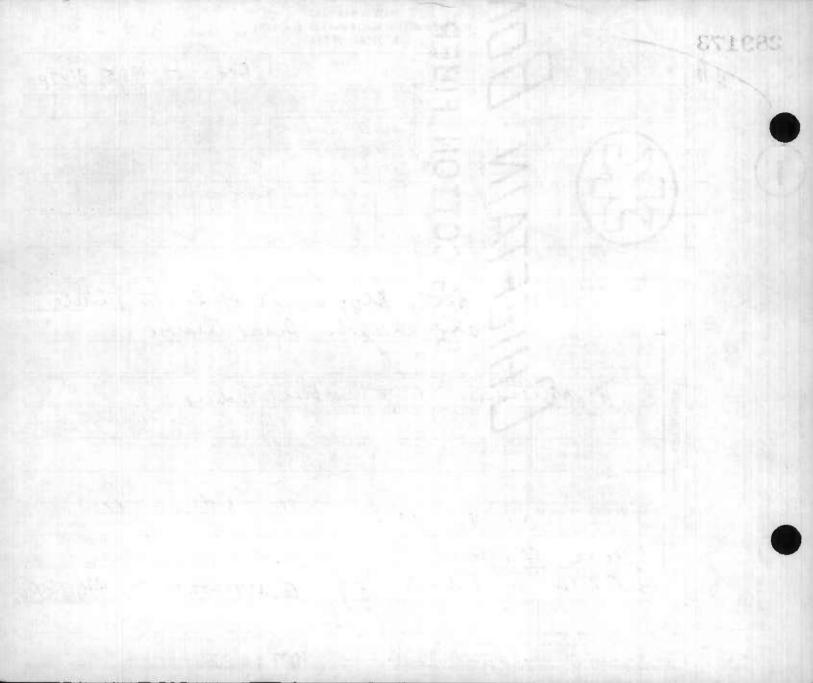
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1-	FOR STATE PEGISTRAR					ALTH AND MENTAL HY	GIENE 8 5	2.	9 6	8	
6		OR PRINT) JO	mes	Franci	is	MAT	THEWS	20. DATE OF DEATH	MONTH	1985	26. HOI	JR 70 M
	3. SEX	(4 RACE	5.	DATEOF	BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEA		
	mo	ale		white	J	anuc	ry 11,1918	67	YRS	MONTHS DATS	HOURS	MIN
5	0	RTHPLACE (STATE OR FO COUNTRY) ENNSY IVANIC		76 CITIZEN OF WHAT CO	٨	MARRIED	NEVER MARRIED DIVORCED	Washing:	-	TY OF DEATH		MD
7		ty or town of dea agerstown	TH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, WAShing I				120 USUAL OCCUPAT TYPE OF WORK FOR MOST SEPVICE			of Busin	ess or idus t
5	130 S Mc		Wash	ington Hage	ENCE BEFORE ADM OR TOWN Prstown	1	13d Inside City Limits? YES [2] NO [] 15. MOTHER'S MAIDEN NA	AME	/ ZIP CO ashin	gton St	. Apt	t. 508
		Andrew		Mat	tthews		Catherin	ne		Dun	n	
	()	VAS DECEASED EVER I VES NO OR UNKNOWN) ES		E WAR OR DATES)	-01-418	000	Mrs. Margai	ADDR ret Matthew		gerstow	n, Mo	₫.
7	ATION	PART 2 CTHE ICN	lost Juli	IDITIONS CONTRIBUTIONS 196 CONDITION FO	G	ge,	the feet	Tachu 200 AUTOPSY?	20b. IF)	GIVEN IN PART	INGS USE	ED ATH?
0	CERTIFICATION	21a. ACCIDENT WAS UND	Page 1			VEAR	21c HOW INJURY OCCU	YES NO		YES 🗌	NO	
7	MEDICAL	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH	AL EXAMINER ED	(IH	RY	19	211 LOCATION STREET	CITY OR T	OWN	COUNTY		STATE
H		220 I certify that (I)	(this hospi	tal) attended the decease	201	ang 3. A	that in (my) (our) apiniar	to Def	lote and h	19 63		(we) last
		obove, (I) (we) (did) (did not) when the body ofter death 22b. SIGNATURE DEGREE ATTENDIN					ATTENDING	MEDICAL STA		22c DAT	e signed	>
		GOR	ME ITYPE O	F. Pl	MA		339 Eg	ANTIETA	M	ST. H.	160	250
	- (BURIAL, CREMATION, I SPECIFY) Urial	REMOVAL	23b. DATE Oct. 8, 198			METERÝ OR CREMATORY ill Cemetery	23d LOCATION CITY OF TOWN Hagerst				land

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR MINNICH FUNERAL HOME
ADDRESS
415 E. Wilson Blvd., Hagerstown, Md. 21740

me waydon-Ram =



DHMH - 16 60M 7/84 (VRA 15, 4)

Major M. Osborne

24 FUNERAL DIRECTOR

Williamsport, MD 21795

windy down fandage

Marlowe Berkeley West Virginia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE®

-

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 ,			
	1 DECEASED NAME FIRST (TYPE OR PRINT) Herber	rt Benton	Merryman	June 1	5 1985 26 HOUR 12:50			
	Male	Caucasian	S. DAYE OF BIRTH April 6 1917		UNDER LYEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.			
5	Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Washington County				
9	Hagerstown	Washington Co	NG HOME OR OTHER INSTITUTION ACCRESS! UNITY Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNKNOWN				
5		or other institution give residence before into the middle to		1200 Mt. Church	Rd/21769			
2	Charles Unknown	H. Merry	Unknown	MIDDLE !	Mentzer			
2	Unknown (IF YES. 9	rmed Forces? 166 SOCIA/SECU 220-09-7		Ol Highland	Myersuil t. md, 217			
	PARTI DEATH WAS CALIS	inly one couse per line for iai, (bi, an ED BY. NTE CAUSE (a) Metastati	c carcinoma of lun	gs.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF ffusion secondary	to lung carcinoma				
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		-			

190 DATE OF OPERATION

21d INJURY OCCURRED

Carcinoma prostate with metastasis. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION n/a MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

n/a 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR n/a P.M.

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

21e PLACE OF INJURY

n/a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

n/a 211 LOCATION

n/a

21c HOW INJURY OCCURRED

85

CITY OF TOWN

6/15/85

ond that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

COUNTY

22a.1 certify that (1) (this haspital) attended the deceased from

June 16 saw the deceased alive on <u>June 16</u> abave, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE

DEGREE ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED Oct. 23,1985

P.N. Patalinghug, M.D.

Molly Pitcher Highway, Greencastle, PA 17225

BP

3

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

Middleto

30::083 Alexander Menteering TIFFE LICENSTICHE CHARLES AND CLERK Ref. Madely

DETLUMENTS. NY JEVE POTENTHONE CAROTAGES OF LABORERS WITH LIBERREAS BONY TO AMONTORAD META TABLE На павотор Well . 25 . Tool . TESTS NOTAKINGAC TOET SIS OFFIS OFFISH AN ARCHEVEDAR COMMAND . CITTO, III, 1.0.

303054	1-	FOR STATE		DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5 2	9691
		CEASED NAME OR PRINT)	rles	MIDDLE	N	ORRISON	REG. NO.	3 85 8 PM
age 4 may be rector. page 3 urs after death	3. SE	Male	4 RAC	White	5 DATE C	1, 1902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
oth. Pog	/o BI	RTHPLACE (STATE OR FORE COUNTRY)	FIGN 76 CIT	IZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT Washington	Y OF DEATH
ofter de y the fun ed within	10 C	TY OR TOWN OF DEATH	11. N		URSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY POWER CO.
24 hours filled in b avid be fil	USU. I3a S	AL RESIDENCE (IF NURSING		NSTITUTION GIVE RESIDENCE 13c. CITY O	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	
(2/1	Street, Street	THER'S NAME FIRST Samuel	WIDDIE	Morri	I S1	IS MOTHER'S MAIDEN NA		Bolton
U		VAS DECEASED EVER IN (VES, NO OR UNKNOWN)	U.S. ARMED FO		10- 400	7 Mr. Robert	D Vanuadaan	207 Linden Dr.
physicia phopers emavgl.		18 CAUSE OF DEATH (E PART I. DEATH WAS	Enter anly one of CAUSED BY.	cause per line for (a),	(b), and ich	c arrist	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the attending ase remove corb il, cremation, or r			hich ((b) OR AS A CON	te pis	untricula	hart faile	se 8 hours.
equires the signed Then pled injury, or	NOI	PART 2 OTHER SIGNIFICAL POPEN	Tensi	TIONS CONTRIBUTION	-/-		WINAL DISEASE OR CONDITION GI	VEN IN PART 11a
he law ion. has been it permit tene prio	CERTIFICATION	10/23/	85 19	aortic	ANCU.		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
SICIAN The physicial certificate hurial-transit pental Hygier lem 18 sha		71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALS	SE OF DEATH	IB TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	116 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offendin offendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	1A	e PLACE OF INJURY AT HOME STREET, FACTORY	OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR. At for use o of Health		22a 1 certify that (I) (the saw the deceased of abave, (I) (we) (alid)	alive on	tended the deceased 10 2 5 the body after death.	The same of the sa	d that in (my) (aur) apinion	death accurred on the date and ha	, 19, that (I) (we) last ui and from the couses stated
TAL OK ATT y the hasping AL DIRECT detached for oute Dept. of		22b. SIGNATURE	Lm	Places	10 7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/23/85
TO HOSPITAL TO FUNERAL should be determined by the		STEPA	E (TYPE OR PRINT)	M. SAC	1-5	239 N.	Potomac S	+. Hageisteur 1
BP		URIAL, CREMATION, REA SPECIFY) Burial		10-26-85		ill Cemetery		, wash. Co., Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		John H. Bast	t, Jr.	Boonsbor	o, Md.	21713 250. DA	TE REC'D, BY REGISTRAR 756, REGIS	TRAR'S SIGNATURE

STATE OF MARYLAND

100.1, 100

delig I. Seet, Jr. Boonsbort, Ma. 20713 - 1 E

Buryland Lagaraton Rayer atour T 1117 Holler Ave. 21710

nowles naffs / North Solven

Tes U. . T. & 214- 10- 4009 Mr. Nobertale, Morrison, decomposen. Mt.

Andril 10-25-55 Lose Hill Cametery Hardresown, Mark. Co., Mil.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

		REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO.			
-		CEASED NAME FIRST	M	ildred	t.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 2
	(TYPE	OR PRINT) ANN		M	M	VERS	1.	0-30	85	9-7
	3 SEX		4 RACE	,,,	S. DATE C	DE BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	3 017		Lad	/	MONTH	DAY VEAR	76	MÓN	THS DAYS	HOURS MIN.
1		Γ			3	- 19-1909		YRS.	DEATH	
	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	K COUNTY OF	DEATH	
)		ryland	USA		WIDOWE		Washingt			MD.
9	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	170 USUAL OCCUPATION		126 KIND O	F BUSINESS OR
\mathbb{Z}	T/H	agerstown			County H	lospital			hospi	tal
1		AL RESIDENCE (IF NURSING HOME COLTATE 136 COU		GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZID CODE	110	113
2			hington	Boons		YES TO NO TO	Fahrney		Mom	Home
	_	THER'S NAME	illigcon	LDOOMS	0010	15. MOTHER'S MAIDEN NAM		-Keedy	Melli.	поше
0		FIRST	MIDOLE	LAS1		FIRST	MIDDLE		LAS	
9	14 11	Benjamin F		offenb	erger SECURITY NO.	Annie	May	22	Reyr	nolds
	(1	TES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)							
	N-	0		234-54	-9624	Margaret Neel	y, Macungie	, Pa.		
	10	18 CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b		01	+		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUS	TE CAUSE (0)	. 211	cara	goe ave	1			
	24		DUE TO O	DAS A CONS	EQUENCE OF					
		Canditions, if any, which	6	D	yeur	7'un				
		gove rise to immediate) (0)_	Ť			33 13 11 37			
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	DNIKIROLING	O DEATH BUT	NOT KETATED TO THE TERMI	NAL DISEASE OR CON	JIHON GIVEN	IN PART TO	0
	CERTIFICATION		1101 00110	TION FOR W	NICH OBERATIO	NAME OF DESCRIPTION OF THE OWNER.	20a AUTOPSY?	20b. IF YES, W	(FDF FINIDIN	Noc uses
A	ŏ	190 DATE OF OPERATION	196. COND	IIION FOR W	HICH OPERATIO	N WAS PERFORMED	ZVG AUTOPST:	IN CERTIFYIN		
1	E E						YES NO	YES [NO 🗌
2	E	210. ACCIDENT WAS UNDERLYING	21b. TIME C		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART	OR PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF DI	AIN.	M.	19	Marine and				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION			COUNTY	STATE
	M	WHILE NOT WHILE	(AT HOME ST	REET FACTORY OF	FFICE, FARM ETC)	STREET	CITYONTO	WIN	200,411	STATE
		22a. I certify that (I) (this has	nital) attended th	e decensed f	rom.	. 19	to	10		that (I) (we) last
		saw the deceased alive a	n			nd that in (my) (aur) apinian d				
		above, (I) (we) (did) (did n 22b SIGNATURE	ot view the body	alter death.		DEGREE			N. DATE	SIGNED
		270 SIGNATURE	00	- 8	and	ATTENDING -	MEDICAL STAF		10/3	06-
1		U V	114	-	00 (DIRECTOR PHYSIC	IAN	1/2	188
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1411 100	1/4	.4.0	10 7/1-
		TODAL W	ATTELL)	, mo)	1010 - CAK	UII HAS	- 1719	(mu)	2/140
		BURIAL, CREMATION, REMOVA	L 23b DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	bu	rial	Nov.1,	1985	Elmwood	Cemeterv	Shepherds	-		ev. W.Va.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If hem 21 is marked or hem 18 shows

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Nov.1,1985

Elmwood Cemetery

Shepherdstown, Berkeley, W. Va.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

5	2	9	6	9
2	dia.	,		

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRS		11sworth	N	ALEY	20 DATE OF DEATH MONTH	DAY	YEAR - SI	2b. HOU	UR
		male	4 RACE whi	te	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 79 YR	MONIHS	DAYS	IF UNDER	R 24 HRS
5		RTHPLACE (STATE OR FOREIG COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW!	D X NEVER MARRIED DIVORCED D	BALTIMORE CITY OR COUN Washington	ITY OF DE	EATH		M
9	I	Hagerstown	Washin	ngton Cour	nty H	ospital	TO TEMAN			n mf	
2	13a S Ma	aryland Wa	COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagerstor	V	13d INSIDE CITY LIMITS? YES A NO	13e.STREET_ADDRESS / ZIP CO 805 View Str	eet	2	1740)
ĺ	14. FA	Harry	WIDDLE	Nalley		Mamie	WIDDLE		S'£	ewar	t
1		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? YES GIVE WAR OR DATES)	214-09-0		17 INFORMANT Kathryn Nal	ley, Hagerstown	, Md			
	NOI	Conditions, if ony, whi gove rise to immedia couse 101, stating t underlying cause la PART 2 OTHER SIGNIFIC	AUSED BY. EDIATE CAUSE (o) DUE TO, OI the he DUE TO, OI st (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION (به	MATE INTE	RVAI D DEATH
	CERTIFICATION	196 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WER RTIFYING YES []			ATH?
7	EDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	B PART I OR	PART 2)		
	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	NOT WHILE			211 LOCATION STREET	CITY OR TOWN	co	YINUC		STATE
		22a.1 certify that (1) (this saw the deceased of obove, (1) (world) (c		19		nd that in (my) war opinion (to 10-15			that (1) (
		226 SIGNATURE	Mouli	-		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			SIGNED	

TO FUNERAL DII should be detach with the State De IMPORTANT: If it

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL 23b. DATE Oct.18,1985

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236 NAME OF CEMETERY OR CREMATORY
Rose Hill Cemetery

22e ADDRESS

Hagerstown, Wash., Maryland

250 DATE REC'D. BY REGISTRAN ID. REGISTRAN'S SIGNATURE.

415 E. Wilson Blvd., Hagerstown, Md. 21740

MINNICH FUNERAL HOME

THE THE STORE STORE STORES

290092					DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
9%		STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF					TE OF DE	S ha				
2000 6 6		CEASED NAM	E	FIRST		MIDDLE			LAST		OF	ESTI-		DAY YE	6:00
			JOI 14 RACE		DATE OF BIRTH	VILLIA	M 6. AGE (IN Y	EADS T IF LIA	NEFF	UNDER 24 HRS		MATED X	OCT.	7 19 E	
RECESSARY PEASE UNISAL DIRECTOR S. FOR YOUR FILES WITHIN 72 HOURS WITHIN 72 HOURS WITHIN 72 HOURS WITHIN 72 HOURS			White		ec.2,19	YEAR	YEAR LAST BIRTHD			OURS MIN.	PRONOUN		OBER	6:48	
1	FC	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED Y BALTIMORE CITY OR COL							R COUNT	UNTY OF DEATH		
1					USA WIDOWED DIVORCED						SUAL OCCUP	WASHINGTON			
	lb. City or town of death Hagerstown			ï	Vashing!	ton Co	TREET ADDRESS)	Hospi	tal	FOR MOST OF WORKING LIFE)				OR INDUSTRY Co nstruction	
2		TATE land		COUNTY AS N I NO	gton Residence Bi		ORTOWN		13d. INSIDE CITY LIMITS 2 13e.		e. STREET ADDRESS Rt.1 217		2173	33	
	27.0	ATHER'S NAM			MDDLE .	N - 64	LAST		15. MOTHER'S	tle	AE AM	i ce		LAȘT	
		hn VAS DECEASI		Hoodro		Neff	CIAL SECURI	TV NO			Al	ADDRESS		Juda	
	()	ES, NO, OR UNKN	OWN) (IF	YES, GIVE WAR	OR DATES)		-34 27		Mrs.John Neff (item 13 above)					208	
		18 CAUSE (OF DEATH (E	nter only o	ne couse per lin	e for (a), (b)), ond (c).)	AC AR	REST					BETWEEN O	NATE INTERVAL
		gove r	ons, if any, ise to impose the imposition of the impose	mediote	DUE TO, OF	RASA CON	SEQUENCE	OF OSCLE	ROTIC -	EART D	ISEASE	7			EARS
		lying co	use last.		(c)							100			
	Z O	PART 2 OTNER S	IGNIFICANT CO	NDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TER	MINAL DISEAS	E OR CONDITION GI	VEN IN PART 1 (a).					
-	CERTIFICATION	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							2B AUTOF			
-					HOUR A.M. MONTH DAY YEAR			aR 21c. H	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART						3 110 20
	MEDICAL				DEATH P.M. 19 21e PLACE OF INJURY (ATHOME. SIREET STREET STREET) STREET FACTORY FARM, ETC.)				CITY OR TOWN COUNTY STATE						
	-	AT WORK	AT WOR	K	. (6)										
	23n B	220 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner ,													
,		TITLE (SPECIFY)								007	8 1085				
4		ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED 217 WEST WASHINGTON STREET OF THE PROPERTY OF								REET	0,1705				
		URIAL CREMA					<u> </u>		ADDRESS		LOCATION	WARTE			
	1	Burial			t.10,19					CI	TY OR TOWN	Washi	nator		STATE
		UNERAL DIRE						1.76	250	DATE REC'D.	BY REGISTRAL				
		lajor M	I. USDO	rne	Willian	msport	t,MD 2	1/95		0011	DIYES	13 February	CONTRACT.	in Think	O DESCRIPTION OF THE PERSON OF

MALJUL

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. THE PARTY COUNTY

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GUATRILL TRANS CITOSEMBERS - WHI

CIA SELT CARPINGTON TOREST DUALYRAM, BT - COA

TESSIBLE SALERA -- TES

ESHARD . DITE, UII, U.S.

STATE OF MARYLAND

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Glenn N. Kesselring Hustontown, Pa.

Wells Valley

Cemetery Wells Tannery

7b. HOUR

126 KIND OF BUSINESS OR

Mining

16691

COUNTY

22c. DATE SIGNED 10/12/85

(Shore)

Tannery, Pa.

tre

STATE

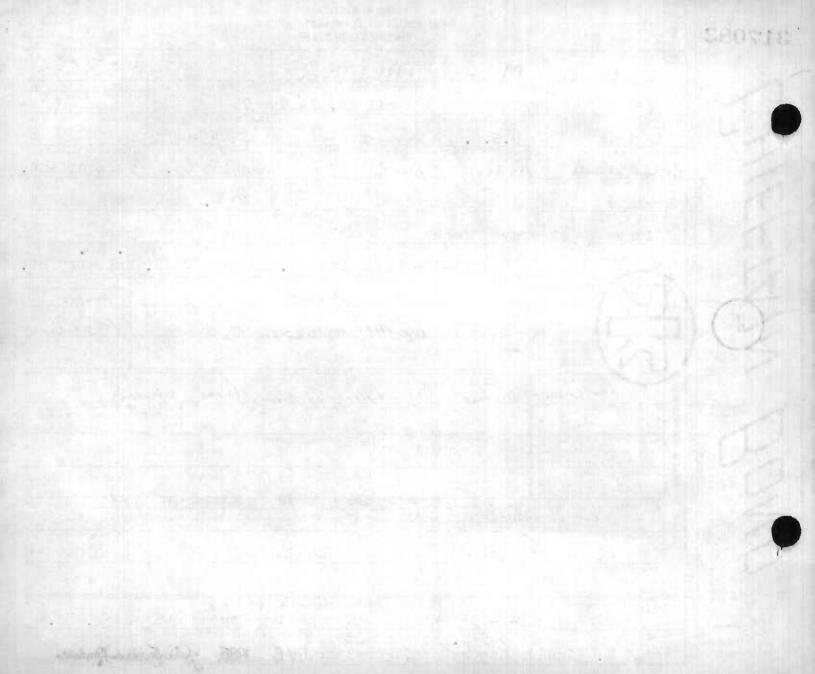
STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ALTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 have after their death.	201
retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the present processing and complete the new the trans- should be detached for use as the buriol-transit permit. Then please in contract the processing of the plant of Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating and the past of Health and Mental Hydrone prior to buriol, creating and the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to buriol, creating an indicate the past of Health and Mental Hydrone prior to burior, creating an indicate the past of Health and Mental Hydrone prior to burior, creating an indicate the past of Health and Mental Hydrone prior to burior, creating an indicate the past of Health and Mental Hydrone prior to burior.	by the funer filled within 7
IMPORTANT: If them 21 is morked or them 18 shows any injury, or other the more event, the model controlled and the controlled a	

DHMH - 16 60M 7/B4

(VRA 15, 4)

1-	FOR STATE	DEPAR		ALTH AND MENTAL HYG	IENE 8 5	2	90	9 0		
	REGISTRAR				REG. NO					
1. DEC	CEASED NAME FIRST	WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 21	HOUR		
{ ITPE	A LICE	MOOTE	PAI	MER	()(1.31	1000	5.33 PM		
3 SEX		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS		
	Female	White	Apri.	1 21, 1910	75	YRS		OURS MIN.		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF	FDEATH			
Acres andre	irginia	U.S.A.	WIDOWED		WASH	INGTO	N	MD.		
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF E	BUSINESS OR		
HA	+GERSTONN	AVALON M	IANOR				Jarmen	t Ind		
13a S	STATE 136 COU	40.40		134 INSIDECITY LIMITS? YES X NO	130 STREET ADDRESS A	ZIP CODE Tashing	gton S	treet		
14 FA	THER'S NAME			15 MOTHER'S MAIDEN NA			LAST			
100	Sidney Al	gerny Good		Ella.	Mae	C	omer			
160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE		g. Md.			
	(15 NO OR UNKNOWN) (15 YES, G	1VE WAR OR DATES) 215-1	4-2512	A Paul W.	Palmer 34	-	Mulber	ry St		
-	18 CAUSE OF DEATH (Enter of	only one couse per line for (0), (b)	end (c)	Δ /			SETWEEN ON	TE INTERVAL		
	PART I. DEATH WAS CAUS	ATE CAUSE (o)	ardrag	Arrest			monutes			
15	INTRO II	DUE TO, OR AS A CONSEC	DUENICE OF				1			
100	Conditions, if ony, which	DUE TO, OR AS ALDINSES	AND AH	horoscleross		10 V	ears			
	gove rise to immediate		7	-3010731						
	couse (o1, stoting the underlying couse last									
350	PART 2 OTHERSIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT !	NOT RELATED TO THE TERM	UNAL DISEASE OR CON	DITION GIVEN	IN PART 1:0			
Z	Parkinsu		Dree	BOSI	Uman	Thomas				
ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES. V	VERE FINDING	S USED		
FI.	TA DATE OF OFERMION						NG CAUSES O			
T		AN YOUR OF BUILDRY		11. HOW IN HIS OCCUP	YES NO	YES		NO []		
MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH		21c. HOW INJURY OCCURI	KED (ENTER NATURE OF INJUI	TY IN ITEM IB PART	(OK PART 2)			
Š	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19_	21f LOCATION						
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE		
	22a I certify that (I) (this has	pital) attended the deceased from	n Decem	ber 6 , 19 82	. 10 Occa 68 P	00 19	85 , the	ot (li (we) lost		
	sow the deceased olive o obove, (1) (we) (did) (did n	n OCCOBER 30 19	85 , and	d that in (my) (our) opinion	death accurred on the de	ote and hour a	nd Irom the ca	uses stated		
	22b. SIGNATURE	0	C	EGREE			22c DATE SI	GNED		
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	224 PHYSICIAN'S NAME LTYPE	OR PRINT)	W-0-0	22e ADDRESS						
23n F	BURIAL, CREMATION, REMOVA	.L 23b. DATE 2.	L NAME OF CE	METERY OR CREMATORY	23d. LOCATION					
	Burial	77 0 05		ven Cemeter	ry Hagers		Wash.	Md.		
24 E	DUL' La.L						-			
	NAME			Street 250. DAT	4005	1. K .	30			
1130	erald N. Minr	nia Hagersto	wn, Ma	ryland OV 6	1400) 4	Markette	Amna Jones	0.00		



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
TI DECEASED NAME FIRST	MIDDLE	PAL	MER	10 - 25-	8.55 PM				
3. SEX	White	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN				
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Myersville, Md.	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNTY Washington	OF DEATH				
Hagerstown	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, WESTERN MA	ARYLAND CE		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	176 KIND OF BUSINESS OF INDUSTRY Farming				
		OR TOWN	1.00	130 STREET ADDRESS / ZIP CODE REG 3 Box 325	21713				
Father's NAME Elimer Fl	lsworth F	Palmer	15 MOTHER'S MAIDEN NAM	Jane	Moser				
Nos. NO OR UNKNOWN) (IF YES. GIV		1 32-4751	Ronald L. P.		Forrest Dr. wn. Md. 21740				
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for to D BY. E CAUSE (o)	Pn & CV	spirator	o failer de	SETWEEN ONSET AND DEATH 2 WOOKS.				
Conditions, if ony, which	DUE TO, OR 3ACC	Drake OF	is Mellita	7	years				
gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	B Post CVD		Ash. 1585				
	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110				
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
OR CONTRIBUTING CALLES OF DEA	in .	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
IF EITHER NOTHEY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Υ	711 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
272e.1 certify that XI (this hospital), attended the deceased from 9-15-83 19 5 to 10-25/ 19 19 that XI (we) lost sow the deceased alive an 10-25-05 19 ond that in (my) (XX apinion death occurred on the date and hour and from the causes stated above. XI (we) (did XI XXI) view the body after 110									
276 SIGNATURE	ma mi)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR □ PHYSICIAN □	10-25-85				
22d PHYSICIAN'S NAME (1YPE O	-		Western Md.	Hospital, Hager					
Burial, CREMATION, REMOVAL			emetery or Crematory oro Cemetery	Boonsboro, Wa					
14 FUNERAL DIRECTOR		-	250,-DATE						

DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL

BP.

20 - F. 1993 - F. 1993 - F. 1993 Kremerithe, Mr. 5. 5. A.

K LLA. J How SZS SERIE

274-32-4757 consid L. Palmer, Cak Horrest Mr. 21760

animati - Campani

metern d. csoivil. metawa. h. 2140

10-22-55 Joursome Constelle Beensberg Rece. 50.. 31. Superior Services wohn a. Brat, vir. Boonsboro, No. 2171

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I DECEASED NAME 20. DATE KNOWN X LTYPE OR PRINTS EST1 FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D. WITHIN 72 HOURS
W. PRESTON STREET, SHIRLEY LORRATNE DEATH MATED PETERSEN 10 26 19 85 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED Female White Aug. DEAD 19 85 26 To BIRTHPLACE (STATE OF TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRYS NEVER MARRIED West Virginia U.S.A. DIVORCED Washington County IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS AD31. Saleslady Hagerstown Washington County Hospital Laundry 21740 13d. INSIDE CITY CIMPTS? 13e STREET ADDRESS Maryland Washington 535 North Mulberry Street Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Thomas Russell Page Anna Mae Welch 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Mulberry (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 235-70-1034 Leaman E. Petersen Hagerstown Md 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Mitral valve prolapse DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E SHOULD BE US E DEPARTMENT OF THE SPICE TO BURN YES TX NO F 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE ACE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE ATTER DEATH WITH THE STATE (SALTEMBRE MARYLAND, 2120) Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-28-85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial Rest Haven Cemetery Hagerstown, Washington, Md. 07/B4 25M 24 FUNERAL DIRECTOR Hagerstown . Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** A.K. Coffman Funeral Home, Inc. NOV (VR A15 ME (5) -waire

STATE OF MARYLAND

Carpline consist. Biteria de estrio Lacationadas atricones and have some divine your one 6 78 65 70 19 5 5 THE OF THE BE STATE OF CITY CHANGE AMOUGAND RIGGISH AS PROJULE ON

	1						MARYLAND			P	1	
	11-	FOR STATE					H AND MENTA	la long	2 9	100		
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00.114	2	ECEASED NAM	E ""	(5)	WIDDLE		LASI	OF	E KNOWN X MO		15.00	
ZSESZ			Mary		yn oe		hard		TH MATED LOC	tober25,19		
교무대	3 SI	EX	4 RACE	S DATE OF BIS	DAY YEAR LAS	BE (IN YEARS IF I	UNDER I YR. IF UN		UNCED	NIH DAY YEAR	2d HOU	
N S S S S S S S S S S S S S S S S S S S				e March		OO YRS.			DEADOctober 25 198			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Line	BIRTHPLACE (S			F WHAT COUNTRY?	B MAF	RRIED NEVER MA	ARRIED	IMORE CITY OR CO	UNTY OF DEATH		
AND		earfoss		U. S.					shington		MD	
Y IS SILED		CITY OR TOWN		11 NAME OF	III, NAME OF HOSPITAL, NURSING HOME, OR OTH			HOUSEV	CUPATION (TYPE OF WO	OR INDUSTI	IND OF BUSINESS	
DELAY IS 3 TO THE F NN PAGE D BE FILED REDS, 201 V		lagersto						nousev	TIE	Own Hou	16	
ANY DE AND 3 T RETAIN COULD B		STATE Land		HOME OR OTHER INSTITUTION	Hagers		13d INSIDE CITY LIMIT	XX 13e RIG.	RESS 200	21740		
A A S S S S S S S S S S S S S S S S S S		•		asii Ing con	nagers	COWIL			BOX 329	21740		
M H	1/1	FATHER'S NAME		WIDGIE	LAST		15 MOTHER'S MA		MIDDLE	LAST .		
SAN SEE	CIC	Har	-	ป •	Martin		Flizabeth II INFORMANI 7 Reynolds Aven		Fas	Eastchindle		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(YES, NO, OR UNKNO	DEVER IN U.	S. ARMED FORCES? S. GIVE WAR OR DATES)	165 SOCIAL SI		Pohent	many Manor	any Manor			
THE REAL PROPERTY.	N	0				220-34-0901		Robert M. Referratu, , Wi			lliamsport, Md.	
0 0 0		PARTIDE	ATH WAS C.	ter anly one cause per AUSED BY:					217	59 APPROXIMATE	INTERVAL I AND DEATH	
N CHEST	3		IMM	EDIATE CAUSE (o)			Cardiova	scular Dis	sease (429)	years	š	
TS NA FEET	3	Conditio	ns if any		, OR AS A CONSEOU	ENCE OF						
A PROPERTY OF	N N	gave ri	Conditions, if any, which gave rise to immediate (b)									
MEN WEN	2		couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF									
# DE 350	2	DART 2 OTNER CO	CHIEF CANA CONO	(c)_								
A POSTA	2		IGHIFICANT CUNU	ITIONS CONTRIBUTING 10 O	EATH BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN I	IN PART 1 (g				
DIVISION OF VITAL RECORDS CRETIFICATE SHOULD BE EXER RITHOS THE WORD "PENDING RED TO THE CHIEF MEDICAL R.3 SHOULD BE USED AS A BUIL E OFFARTMENT OF HEATH AN	HICATION	190. DATE OF	OPERATION	I 105 CO	196 CONDITION FOR WHICH OPERATION			WAS PERFORMED?				
¥ nogh	31 2			17.0	NOTITOR TOR WITE	HONOR WHILE OF ENAMED AND ENFORMED.				20 AUTOPSY?		
OF VI		21a. EXTERNA	AL CAUSE WA	AS 21b. TIM	E OF INJURY	1216	HOW INJURY OCCU	IRRED LENTER NATURE O	FINITIRY IN ITEM TRIPART TO	YES T	NO 🗌	
PICATI THE V THE V OUED				HOUR	A.M. MONTH DAY	M. MONTH DAY YEAR						
SE TO	MEDICAL	21d INJURY		Zie PLA	P.M.	19 IOME, 211. L	ÖCATION					
NO STATE OF	W W	WHILE C	NOT WHILL AT WORK	E STREET	FACTORY, FARM, ETC.)		STREET	CITY OF	TOWN	COUNTY	STATE	
TH WAY	8	-										
第269年	2		226 Certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion									
A SECOND		death result	death resulted from: Natural rouses 🗶 , Accident 🔝 , Suicide 🔝 Hamicide 🛒 Undetermined manner 🔝 ,									
X B B B A	8	ACTUAL										
25 X X X	17	SIGNATURE,	M.D. Deputy MEDICAL EXAMINER SIGNED 10/25/85									
MEDICAL EXAMI CUTE THE CERTIF OF 4 SHOULD BE FUNERAL DIRECT TER DEATH, WITH	2	EXAMINER'S	XAMINER'S NAME Howard N. Weeks, M.D. 580 Northern Ave., Hag. Md. 21740									
DA DA DE	730.	BURIAL, CREMA		VAL 236 DATE	123c. NAME	OF CEMETERY	OR CREMATORY	[23d LOCATIO				
07/84 BP		Burial		10-28-8		anor Ce				ash. Co.,	Md.	
25M DHMH : 17		FUNERAL DIREC			ness.			TE REC'D BY REGIST	RAR 256 REGISTRAL	R'S SIGNATURE		
(VR A15 ME (5))]	ohn H.	Bast,	Jr. Boor	isboro, Md	. 2171	3 0	CT 29 198	5	Son Pandell		
	1							-1-30	247 27 20			

Sends date March 23.1897 88 Certifold H. B. A. B. L. Ingrations 924. 2 30x 329 1 Harytand esimination lageration miray .. yeveni

TOD-3L-CRG: HODOTE M. Hallenge A. M. Milliampoor G. Ma.

12 12 Let 1 2 Box 129 L 21 740

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20-21 10-20-65 start Occurrent 112:00enton, est. Co., Mr.

cohn . Bast. dr. Beoneboro, Ma. 281719

DHMH - 16 60M 7/84 (VRA 15, 4)

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Opossumtown Pike

. Towns For Tend (Gouden

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

305011	31	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO				
303011		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		YEAR	26 HOUR	
4 85			nneth	Lenrow	RH	HODES	October 27			М	
OE d	3 SE	(4 RACE		5 DATE C		6 AGE LIN YEARS LAST BIRTH	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
B 90 A		Male	Wh:	ite	May	23,1918 YEAR	67	YRS.			
4 65.36		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIO	9 BALTIMORE CITY OF WASHINGTON	COUNTY OF	DEATH	MD.	
1/10	10 C	TY OR TOWN OF DEATH Williamsport	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Falling Wa	ADDRESS)	ROTHER INSTITUTION Rd.	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintenence)	WORKING LIFE)	INDUSTRY	ther	
A Paris	13a :		we or other institution OUNTY ashington	13c CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO 🔯	Rt.1 Box#		2179	5	
311)	14 FA	THER'S NAME John	MIDDLE	Rhode	es	Susan	Alice		Wil	ey	
16077		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS			
(H = 2)	,	Yes Yes	W II	215-14-2	2582	Mrs.Kenneth	Rhodes (it	em 13 a	bove)		
phy on po- emov		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one cause pe NUSED BY. DIATE CAUSE (a)	r line for (a), (b), and Card	liac	Arrest				mate interval onset and death utes	
hot the death ce by the attending ass remove corb a), cremation, or r		Conditions, if any, which gave rise to immediate cause last. Conditions, if any, which gave rise to immediate cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CORONSEQUENCE OR CORONSEQUENCE OF CORONSEQUENCE OR CORONSEQUENCE OF CORONSEQUENCE OF CORONSEQUENCE OR CORONSEQUENCE OR CORONSEQUENCE OR CORONSEQUENCE OR CORONSEQUENCE OR CORONSE									
equires or signed Then ple	NOI	PART 2. OTHER SIGNIFICAL Diabetes		ONTRIBUTING TO S	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	1	
on. hos bee	CERTIFICATION	190 DATE OF OPERATION None	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ☐ NO 🍑	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	OF DEATH?	
ig physici ig physici rial-trons ental H		214 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR A	DE INJURY ,.M. MONTH DA ,.M. NONE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	N ITEM 18 PART	OR PART 21	-	
offending of the busing the business of the busin	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S'	OF INJURY FREET FACTORY OFFICE, F		211 LOCATION STREET	CHTY OR TOW	N	COUNTY	STATE	
Sortal or CTOR: A for use of Health		22a.1 certify that (1) (this has a saw the deceased alivabove, (1) (we) (did) (did)	e on AUS	deceased from 19	Apri	nd that in (my) (aur) apinion (death accurred an the da	te and haur ar	od from the c	that (I) (we) last causes stated	
Al OR A the hor Al DIRECTOR A the hor Al DIRECTOR A the Albert A the A		226 SIGNATURE	Lesh		7		MEDICAL STAF			28-85	
TO HOSPITAL TO FUNERAL should be defauth the Store		William W	· Lesh M	I.D.		411 Diviis	son Ave H	agers	town,	Md.	
5 € 5 € 3 ₹ 1		BURIAL, CREMATION, REMO	VAL 23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE	
BP		Burial	Oct.	30,1985 Gr	eenla	wn Mem.Park	Williamsp			nMarylan	
	24 E	INIEDAL DIRECTOR				250 00	PET INTERVINE CHAIR POL	SE DECISTRAS	TALADIS ST	unemianio	

DHMH - 16 60M 7/84 (VRA 15, 4)

Williamsport, MD 21795 Major M.Osborne

FOR STATE

29	003	17	4
	ours ofter deoth. Poge 4 may be	n by the funeral director, page 3 e filed within 72 hours after death	oe notified of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Gran				

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
111	PE OR PRINT) Anna		Mary	R	IGHTER	10	-8-85		1:15p M
3 5	EX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Cauc	asian	10-	1.125 YEAR	59	YRS	MONTHS DATS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
2	Conn.	U.	S.A.	WIDOWI		Washingt	on		MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
H	Hagerstown,			_	pital Center	Linotype c			wspaper
US 130	UAL RESIDENCE HE NUR			ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS			21793
	id. Fred	erick	Walkers			9412 Hi		-	
5.84	FATHER'S NAME	H.L.			15 MOTHER'S MAIDEN NA	ME	71120.		
a	John	MIDDLE	Rogalski		Helen	WIDDIE		Danie	luk
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESSWAT	kersvi	lle. MD
A	(YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATES)	040-20-	1222	John Righte				
-					pomi magnet	7716 111	B1114		MATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:							
	IMMEDIA	ATE CAUSE (0)	Arrythm	ıa				minu	ces
		DUE TO, C	R AS A CONSEQUE						
	Conditions, if any, which gove rise to immediate	(b)_	conges	cive	heart failure			month	15
	couse (a), stating the	DUE TO, C	R AS A CONSEQUE					3 3 5	
		(c)_			eart disease			years	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	1DITION GI	VEN IN PART 110	
_	cerebrova								
CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
					No. of the	YES NO X	Y	ES 🗌	NO 🗆
				Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
MEDICAL	IN ELTHER NOTIFY MEDICAL EXAMINE	CRIN	м.	19					
	21d. INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	WHILE NOT WHILE AL WORK	(AT NOME, 31	REEL PACIONI, OFFICE, FA	ARM, ETC.)					
	22a.1 certify that X (this hosp	oitol) ottended th	ne deceosed from_	10/2	, 19. 85			19.85	that (I) (Morlast
	sow the deceased alive a above, (I) (see) (did) salat a		initias donth	85	nd that in (my) (M) opinion (death occurred on the d	lote and ho	ur and from the	couses stated
	226 SIGNATURE	O (/)		DEGREE		100	22c. DATE	SIGNED
	Hout	TV WW	Con		ATTENDING PHYSICIAN	MEDICAL STA		10-8	-95
-	224. PHYSICIAN'S NAME TTYPE	RPRINTY	Time U.S.		22e ADDRESS	J DIRECTOR PHISI	CIAN LA	1 10-0	5-03
	Florecita H	Palom	0		1500 Pennsy	lvania Ave.	, Hag	erstown	, MD 2174
22	BURIAL CREMATION REMOVA	4 021 CATE	22 4	IAME OF	CHIEFEDY OD CDEN ATTEN	Tast LOCATION			

BP.

should be detoched for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior tal

IMPORTANT: If Item 21 is

After this certificate has bee

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retoined by the hospital or attending physicion.

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Remova]

Med.Sch.

Washington

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

24 FUNERAL DIRECTOR Columbia Mortuary Ser., Inc. 225 Missouri Ave., N.W. Wash., D.C.

	١,	FOR			DEPART	STAT MENT OF F		ARYLAN		YGJENE -	E 18	2 0	1	0 4	
317071	1-	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FREATH	RI	EG. NO.	- 6	1	
		CENSED INAME	IRST		WIDDLE			LAST	TIG		ATE KNO	WNX7 MON	TH DAY	Y YEAR	2b HOUR
Mario XI mi	(TYI	E OR PRINT)	IRLEE		J.	ROYI	R			DI	OF EST	ED OCT	т 31	10 85	1133
A6559#	3 SE		5. DA	ATE OF BIRTH		6 AGE LIN YEA		IDER 1 YR.	IF UNDER		DATE	MON	TH DAT	Y YEAR	31 HOUR
7.00 E E	700	male White	MON	0.0	39"	56 YR		HS DAYS	HOURS		NOUNCED DE AD	OCT. 31		1985	133
32928	Ta. B	RTHPLACE (STATE OR		ITIZEN OF W	g has it	-	1			9. B	ALTIMORE	CITY OR COL			
の数な年度と		REIGN COUNTRY)			A		MARR	IED NEV	VER MARRIE DIVORCE	ED 📙		INGTO			
2200		est Virgini		U.S.	SPITAL NII	RSING HOME					117.1-1	N TYPE OF WO		KIND OF BU	MD
> ESES	1		18	F NOT IN SUCH F	ACILITY, GIVES	TREET ADDRESS)				FOR MOST	OF WORKING LI	IFE)		OR INDUST	
FOR HE		DEETS TOWN	War on other	ashin	gton	Count	УН	ospit	ta1	Home	make:	C	HO	me	
2 292582 B		TATE 130	COUNTY	R INSTITUTION, G	13c CITY	OR TOWN		13d INSIDE CIT	TY LIMITS?	13e STREET A	DDRESS		0	215	101
# 全名用答案人	_		reder	ick	Fre	derick		YES DE	NO 🗆		Key	Park	way		
V FAN STAN	ALE.	ATHER'S NAME FIRST	MIDD	OLE	= 7175	LAST		15 MOTHE	R'S MAIDE		MIDDLE			LAST	
A SECTION	1	Villis	Au	brey	Sta	archer			ılvia		Marie		Max	cson	
N NASSER IN		VAS DECEASED EVER IN U	S. ARMED F		16b. SO	IAL SECURITY	NO.	17. INFORM	THAN		AD	DRESS H	ag.	Md.	Taile
A A SEE SEE SEE SEE SEE SEE SEE SEE SEE	t	No	,		275	-26-76	76	Jame	es G.	Roye	r 115	50 Wo	odla	and W	Jay
SS ST S		18 CAUSE OF DEATH (Er	iter only one	cause per line	e for (o), (b								1	APPROXIMAT	E INTERVAL
THE OT ONLY		PART I DEATH WAS C	AUSED BY:	C	ARDIA	C ARRE	ST #L	+27						IMMED	T AND DEATH
9 3 5 5 6		IMA	AEDIATE CAL		R AS A CON	SEQUENCE C	F	7117 3							1
· · · · · · · · · · · · · · · · · · ·		Conditions, if ony,		HEN	ORRHA	GE, GAS	ROIL	TEST I	NAL#5	78			-	1 HOU	R
222		gave rise to imme couse (a) stating the		(b)		ISEQUENCE C					PY ANI	D STER	010		
NAXXX B		lying cause last.	_			NT FOR								4 YEA	RS
DS		PART 2 OTHER SIGNIFICANT CONC	OITIONS CONTRIR								- 11 - 1				
S S S S S S S S S S S S S S S S S S S	Z							ok conomina	TOTTEN IN THE						
T CENTRE E	CERTIFICATION	19a DATE OF OPERATION	٧	19h. COND	TION FOR	WHICH OPER	TION W	AS PERFORA	MED?				20	AUTOPSY	2
Z SCHEEN Z	12												20		
NAME OF THE OWNER OWNER OF THE OWNER O	1 8	71a EXTERNAL CAUSE W	AS	21h TIME O	FINIURY		121c HO	W INTELLED	OCCUPPE	LENTED NATUR	S OS INJUINA IN	ITEM 18 PART 1 OF	P B A B Y 2)	YES 🗌	NO CX
SATESAS.		UNDERLYING OR		HOUR A.A		DAY YEAR	1210.110	344 [[4]0K]	OCCURRED) (EMIERIANION	E OF INJURY IN	HEM IS PART TO	R PART 2]		
S FF C C S S S S S S S S S S S S S S S S	MEDICAL	CONTRIBUTING CAUS	E OF DEATH	P.A 21e PLACE		19	216.10	CATION							
A BERES	景		LE 🖂		TORY, FARM, E			TREET		CITY	ORTOWN		COUNTY		STATE
TATE STATE		AT WORK AT WORK													
ATE ORIGINAL STREET	10	22a I certify that I took	charge of th	ne remains de	scribed abo	ive, held on	Autop	sy .	Inspection	X In	quiry .	ond in my	y apinion		
TT NEW DES	1	death resulted from:	Natural cau	sesXX,	Accident	, Sui	ide 🔲	, Homici	ide .	Undetermin	ed monner				
A WHITE BEEN)	7 X	0-			TITLE (SF	PECIFY)			11-14			
##ONE		SIGNATURE_	wank	wo	RIN	De	M	DEPU	ITY	MEDICAL	EXAMINER	DA	TE A S	v.1.1	985
MEDICAL COTE THE EX 4 SHO FUNERAL ER DEATH	V			10/10/1											
		(TYPE OR PRINT)	EDWARD	W.DIT	то111	Mo		ADDRESS 2	17W.W	ASHING	TON S	TREET	HAGE	RSTOW	N,MD.
523553	23a.B	URIAL, CREMATION, REMO	VAL 23b. DA	TE	23c, 1	NAME OF CEM	ETERY O	R CREMATO	RY	23d LOCAT	ION				
07/84 BP		Burial	17-	4-85						Hage	wn		ash.	Md.	TATE
25M	24 F	UNERAL DIRECTOR				tomac				EC'D. BY REG		REGISTRAR			
DHMH · 17 (VR A15 ME (5))	00	rald N. Mij							AVE.	1985	de la	Kaine	, x2.	1.00	
	170			11 S U S	1340	W11 . 116	LIVI	CHE VENT	Edda	- 4 4 4	1 4	a ment Hell	A COLUMN	Married World	

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EDWARD LIBETTUINING LIVE AND ADDRESS OF THE LABORATOR A

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FOT BILLIAN

STATE OF MARYLAND .

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Nov. 2, 1985

230 BURIAL CREMATION, REMOVAL

burial

REGIS PAR 2 SIGNATURE

Hagerstown, Wash. Mary land

1198 KEWLY

23¢ NAME OF CEMETERY OR CREMATORY

Cedar Lawn Mem. Park

26 HOUR

Rauch

SUPPEN

7 MONTHS

NO [

11-01-85

21740

STATE

IF UNDER 24 HRS

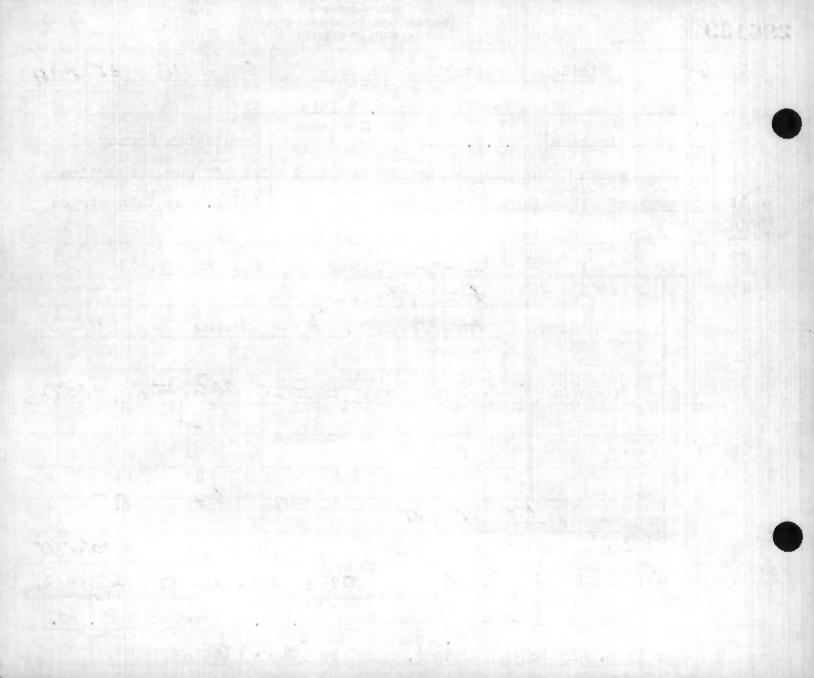
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he	he
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executive and a major death. Fage 4 may be elained by the hospital or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and certificated in the time funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove corban pages. Page 17 millioned in this plant of hours ofter death with the State Dept. of Health and Mental Hygiene prior to burnol, cremation, or removal.
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	REGISTRAR			40		• • •	REG	NO.			
	CEASED NAME FIRST		MIDDIE	I.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	}
	William	n E	Henry	S	ager		oct.	15,	1985	10:3	50
3 SE	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 2	MIN.
M	ale	White		Sept		3	72	YRS			
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AARRIEI	NEVER MARK	Y OF DEATH					
	est Virginia	II.S.	Α.	WIDOWE		County		MD.			
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET A		R OTHER INSTITUT	ION	120 USUAL OCCUP		126. KIND C	OF BUSINES	SOR
	agerstown	Washir		unty	Hosnit	al	Cut off	saw	Furn	itur	e
13a S	ALRESIDENCE (IF NURSING HOME OF STATE ISB COURT Was)	other institution of the state of the state	13c CITY OR TOWN	٧.	134 INSIDE CITY L	_	130 STREET ADDRESS	s/zipcoi Jonat	than St	reet	0
14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MA		AE MIDDIE				
	John Wil:	liam	Sager		Anna		Mae		LA!	51	
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADI	DRESS			
N		VE WAR OR DATES)	214-09-	3991	Ruby H	ende	rson sa	me as	13		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for 101, (b), and	I (C)		C .			BETWEEN	ONSET AND D	AI DEATH
		TE CAUSE (0)	Atule	fue	words	200	ema		ho.	us	
		DUE TO, O	R AS A CONSEQUE		- 4	L					
	Conditions, if ony, which gove rise to immediate	(b)	stones	cler	the "	care	conne	2	9	mes) .
	cause (o), stoting the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF							
		((c)									
NOI	PART 2 OTHER SIGNIFICANT	CULL CONDITIONS CO	ontributing to D	EATH BUT	NOT RELATED TO	THE TERMI	R. Obn	entle	or C	OPI)
CERTIFICATION	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDI		
RTIF							YES NO		YES 🗌	NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			Y YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P./		19							
AE .	21d INJURY OCCURRED	21s. PLACE (OF INJURY BEET FACTORY, OFFICE FA	RM, ETC)	21f LOCATION		CITY OF	RIOWN	COUNTY	51	ATE
	AT WORK					1000	- br		ar-		
	22a 1 certify that (I) (this hasp saw the deceased alive on	1/19	e deceased from	a		4782		1	. 19 01	that (I) {w	
	(l) (we) (did) (did no	t view the body	alter deoth.) opinion u	leoth occurred on the	dote and ha			ed
1	Mous !	70	, 7	ng.	DEGREE ATTEN	NDING _	_ MEDICAL _ S	TAFF	22c. DATE	SIGNED	RT
	22 PHYSICIAN'S NAME (TYPE	OR PRINT!	^ /	v	PHYS 27¢ ADDRESS	CIAN	DIRECTOR PHY	SICIAN		7.70	
3	GLORIA	F. P.	URA		5 2 C	E. A	ntietan	1 ST	· Hag	enso	Long
	URIAL, CREMATION, REMOVAL			9	METERY OR CREM	March .	23d. LOCATION		EQUNTY .	251	ATE
	Burial	10-17-			Lawn Me		k. Hager	stown			
	INERAL DIRECTOR	30		toma		DOT	REC'D BY REGISTR		SJRAR'S SIGNAT	et.	
Ge	rald N. Minn	ich Hag	gerstown	, Ma	ryland	UUT	41 1500	A	- of a father of and	3	*

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	2	9	1	U	1
FATH A	AONTH	DAY	YEAR	2h HC	LIP

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 REG. NO	2 9	1	0 /	3
{TYPE	CEASED NAME FIRST	P.	SA	PRT	11/16 Sr.	October	- 25.	1985	26 HOUR	9 M
	fale	4. RACE Whit		Ju]	Ly 3, 1929	6. AGE (IN YEARS LAST BIRTH	YRS		HOURS 1	MIN.
Ty	RTHPLACE (STATE OR FOREIGN COUNTRY) ASh., D.C.	U.S.		MARRIE	D DIVORCED	Washingt	ton Co	ounty	/	MD.
Ho	TY OR TOWN OF DEATH OPENSTOWN AVRESIDENCE IN NURSING HOME	Avalor	Mano	(DDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Auto Me		17b. KIND ØF INDUSTRY C	BUSINES	S OR
13o S	Md. Ca:	rroll	Mt. Air	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS &	ox 49	2 2,	17%	7/
	Earl	MIDDLE S.	Sartair		Ellen	B. MIDDLE		Plume	r	
	VAS DECEASED EVER IN U.S. (1875)	5-1956	577-36-		Ellen Plun		ainie		•	
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	anly ane cause per SED BY. IATE CAUSE (a)	line lar ia), (b), and	l (c)		7.0		BETWEEN	MATE INTERVA	EATH
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OI	R AS A CONSEQUE	HCU NCE OF	nede E be	TI-bleed	TI SCC	M PART TO	me	in !
CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, W IN CERTIFYIN YES			1?
MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER MATURE OF INJURY	IN ITEM 18 PART	OR PART 2)		
MED	216 INJURY OCCURRED	21e PLACE ((AT HOME STR	OF INJURY SEET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR FOW	N	COUNTY	STA	ATE
	22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	an	19_6		nd that in (my) (aur) apinian o	death accurred an the dat	e and hour an			
	220 PHYSICIAN'S NAME PYP	EOR PRINT	9		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICI		10-	253	la
23a. E	URIAL, CREMATION, REMOVA	10/30			emetery or crematory 'et. Cem.	Cheltenh	am P	r. Geo	· %	ďa.
24 FU N	alley's F.H.	.Inc. N	4t. Rain	ier,		29 1985	Sb. REGISTRAF	S SIGNATU	JRE .	

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			/35 FOR			DEBAD		E OF MARYLAND EALTH AND MENTAL HY	CIENTE'S	2 0	1	0 9
(319006	1-	STATE REGISTRAR			DEFAR		ICATE OF DEATH	REG. N	0.		
1			CEASED NAME	FIRST		MIDDLE	· ·	AST		MONTH DAY	YEAR	26 HOUR
15	de of h	(TYPE	OR PRINT)	pro	Walt	er	36	Z33	Occober	27,11	185	12 40 W
	ag ag	3 SE)		4.1	RACE		5 DATE C	=	6. AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS
-	1964	1	nace	201	White		MONTH	DAY YEAR	83	YRS		HOURS MIN
	7 201		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? B	NEVER MARRIED	9. BALTIMORE CITY O			
	1		PA		U. S.	. A.	WIDOWE	D DIVORCED	Washin	2000		MD.
	fe The feet		TY OR TOWN OF DEA			HOSPITAL, NURS		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST C		126. KIND O INDUSTRY	F BUSINESS OR
201	高量 是		/	- / /	qualo		202		1 Owner		Lumber	· Co.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in		ALRESIDENCE IF NURS TAYE laryland	Frede		134 CITY OR TO Emmits!		134 INSIDE CITY LIMITS?	35 Federal	Ave.	21	727
X I A	tely 2 sh		THER'S NAME	MID	DIF	LAST		15 MOTHER'S MAIDEN N			LAS	
MA.	P lde /		Samue1	MID	O(E	Seiss		Unk	nown		(AS	
m,	To or		AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ndianop	olis.	Ind.
IIWO	Pogn on	11	NO	(IF YES, GIVE W	AR OR DATES)	217-19-	5426	Robert Lamb	erson,8104	. 20th	St.	
BAL	oper oper vol.		18 CAUSE OF DEAT									MATE INTERVAL ONSET AND DEATH
	a phy eno even		PART I. DEATH W	IMMEDIATE (Car	diac .	Arrest			min	utes
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EST	deo ove ove ove		Conditions, if ony,		(b)	Cancer	of l	ung				
7	the remo		gove rise to imm	g the "	DUE 10, 0	R AS A CONSEO	UENCE OF				28 7	
5	that d by eose ol, c		underlying couse	lost	((c)_							
05, 2(signer signer o burn lury, c	Z	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	3
000	ny in T	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	706 IF YES, W	VERE FINDIN	NGS USED
2	The post	IFIC	None			-			YES NOK	IN CERTIFYIN	NG CAUSES	
ITAL	N: The roots of th	ERT	21g ACCIDENT WAS UNE		21b. TIME C	OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			NO []
≥ F <	physical High		OR CONTRIBUTING	AUSE OF DEATH	HOUR A	Mana	DAY YEAR					-
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IVISIO	G PH rer this s the tond	ME	WHILE NOT WH	ILE []		REET, FACTORY OFFICE	E FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
٥	A A A A A A A A A A A A A A A A A A A		22a I certify that (I)	(this hospital)	ottended th	ne deceosed from	0000	Ser 21 19 80				that (I) (we) lost
	Portol for the	1	sow the deceose obove, (1) (we) (c	ed olive on(Octo 60	after death.	25,0	nd that in (my) (our) opinio	n death occurred on the d	ate and hour or	nd from the	couses stated
	hos hos hos hed sept		226 SIGNATURE	01	1).	,		DEGREE			22c DATE	
	AL D AL D etoc etoc te D		4	1W 1	UN	Mo		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN []	28 00	ct 85
	50 ZA 2 Z		22d PHYSICIAN'S NA					22e ADDRESS				
	20 H O P C P C P C P C P C P C P C P C P C P		William	n W. I	lesh N	A.D		411 Divis:	ion Ave Ha	gersto	wn,	Md.
	D 5 2 4 3 3		URIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		CUNTY	STATE
	BP		Burial		31 Oct	t 85 1	New St	. Joseph's	Emmitsbu	ra Fre	derick	
	DHMH - 16 50M 4/83		INERAL DIRECTOR	G. Hital				250,0	TE REC'D BY REGISTRAR	256 REGISTRAF	S. S. SICHAT	HRE-
	(VRA 15, 4)	S	kiles Fune	ral Ho	me, Em	mitsburg	, MD 2	1/27	Ser. Months O			

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 310028 REGISTRAR REG. NO 1. DECEASED NAME LAST 2n. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI Norris Shane 1985 October 1 SEX DATE OF BIRTH 4 RACE 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IE LINDER 2.1 HRS MONTH YEAR 1898 Male White Jan. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXVEVER MARRIED COUNTRY) Illinois DIVORCED [WIDOWED Washington County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Sharpsburg Residence (Rt. 2, Box 376 Farmer Agriculture ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Washington Sharpsburg NO IXIX Rt. 2, Box 376 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles Shane Abigail Neal BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT Box 376 IYES NO OR UNKNOWN) Sharpsburg, Maryland 21782 No 178-16-4993 Alice J. Shane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line 1 PART I DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION IDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 218 INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION AT HOME, STREET, FACTORY OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased al and that in (my) our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) 226. SIGNATURE DEGREE 72c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be deto MD 22d. PHYSICIAN MPORT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Oct. 22.1985 Smithsburg Crematory Smithsburg Washington 327 W. King St DHMH - 16 50M 1/81 (VRA 15, 4) POBox 821, Martinsburg, WV Brown Funeral Home

	1	FOR STATE		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 5	29	7 1 1
05057		REGISTRAR			-	ICATE OF DEATH	REG. NO		
oy be oge 3 deoth		OR PRINT) KENNE	eth	Leo	51	SHOOP	10		85 150 pm
ge 4 mo	3 SE	Male	4. RACE	nite	S. DATE C		6. AGE (IN YEARS LAST BIRTH	YRS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN LATE)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DI	BALTIMORE CITY OR Washin		MD.
s ofter d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR (F. NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON COUNTY H			ROTHER INSTITUTION 120 USUAL OCCUPA (TYPE OF WORK FOR MOS labore)		WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY Glass Co.
24 hour	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE Md. 136 CQU	asn. Hagerstown			13d INSIDE CITY LIMITS?	YES X NO 204 N. Mulbe:		
ed within	14. FA	Stänley	WIDDLE	Shoop		15 MOTHER'S MAIDEN NAM	ME MIDDLE		orrison
ond cond cond codes		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? VE WAR OR DATES!	217-09-9		Mrs. Charlot	te E. Shoop		burg, Md.
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og physic certificat riol-tron entol Hyg flem.18 s	_	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	A111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)
offendir offendir ter this as the bu h and M inked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	ARM, ETC)	214 LOCATION STREET	CITY OR FOW	N COI	OUNTY STATE
spital or CTOR. Af for use of Health		220. I certify that (I) (this hosp sow the deceased alive a			, or	nd that in (my) (aur) apinion of	to 19 Oc death accurred on the dat	, 19	that (1) (we) last ram the couses stated
PITAL OR A by the hose ERAL DIREC be detoched Stote Dept		77h SHGNATURE 22h PHYSICIAN'S NAME (No.	D-0-		m	ATTENDING PHYSICIAN PAGE ADDRESS	MEDICAL STAFF		DATE SIGNED
TO HOSPITA reformed by TO FUNERAL should be de with the Stoti			Fende	_		138 E. An	Hi etam St.	Hagor	of muste
BP		BURIAL, CREMATION, REMOVA	oct.15	4		emetery or crematory urg Crematory	23d. LOCATION CITY OR TOWN Smiths but	rg Wash,	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NAME DAVIS FUI	nmeral Ho	me Smith	sburg		REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S S	

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	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 9 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
5		CEASED NAME FIRST		MIDDLE Alic	e Si	OART.	20. DATE OF DEATH October	MONTH DAY	YEAR 26 HOL	UR	
	3. SE	Conni	1 RACE	17.	5. DATE O		6. AGE (IN YEARS LAST BIRTH			R 24 MRS	
,	f	emale	whit	e	July	26, 1943 YEAR	42	YRS	DAYS HOURS	MIN.	
15	(RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76 CITIZEN OF	WHAT COUNTE	2Y2 8	DE NEVER MARRIED -	9 BALTIMORE CITY OF Washingt		EATH	MD	
19	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STE	REET ADDRESS)	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATIO	WORKING LIFE) IN	NEW OF BUSING	IESS OR	
36	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION		OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 629 George	ZIP CODE	2	1740	
11		THER'S NAME	MIDDLE H.	LAST	ngstar	IS MOTHER'S MAIDEN NA			Johnson		
1	- 0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SE 220-40		Violet Myers	ADDRES s, Hagerstow	No.			
vent, me		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause pe ED BY: ATE CAUSE (a)	r line for 101, (b.	i DOE	N STA	TH		APPROXIMATE INTE	D DEATH	
r other troumotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	OR AS A CONSEC	Į	BRAIN HZ	MORKHA	-GZ			
	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	ainal disease or cond	ITION GIVEN IN	PART Ita		
9	TIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		RE FINDINGS USE CAUSES OF DEA NO [ATH?	
9	CAL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TIN ITEM IB PART 1 OI	RPART 2)		
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFE	CE FARM ETC)	211 LOCATION STREET	CITY OR TOW	IN CC	OUNTY	STATE	
DE SI 1 7	ď	220.1 certify that (1) (this hosp saw the deceased alive a abave, (1) (we) (did) (did in	n_ /O_	6 19	30	d that in (my) (aur) apinion	death accurred an the da	te and haur and	, that (I) (
IT If Ben		276 SIGNATURE	202A	lun	Th	ATTENDING PHYSICIAN	MEDICAL STAF		10 97	1	
IMPORTANI		OTTOROZ	OR PRINT)		0	100 Loub	HE MOOK !	DR. 46	HERRI	in Bi	
3	230 E	BURIAL, CREMATION, REMOVA SPECIFY) ITIAL	Oct.10	,1985	Rest Ha	ven Cemetery	23d LOCATION CITY OF TOWN Hagerstow	n, Wash	Maryl	state and	
7/B4		UNERAL DIRECTOR MINN 5 E. Wilson Bl	ICH FUNE	ERAL HOM	E Mal 2		E ECD. BY REGISTRAN	56. REGISTRAR'S	SIGNATURE	a ,	
)	41	. WITSOII DI	vu., nas	CEISLOWN	, I'IU . Z	1/40		Manual Rightship	A12.52		

STATE OF MARYLAND

Charles a Harry Action

- STATE REGISTRAR DECEASED NAME MIDDLE

M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺 CERTIFICATE OF DEATH

2a D

REG. NO.			
20 DATE OF DEATH MO	NTH DAY	YE AR	26 HOU
le	0-1-	85	of
6. AGE (IN YEARS LAST BIRTHDA	(Y) IF UN	DERIYEAR	IF UNDER
	MONT	15 DAYS	HOURS

March 23. 1893 76 CITIZEN OF WHAT COUNTRY?

5 DATE OF BIRTH

WIDOWED

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington

126 KIND OF BUSINESS OR

18 CITY OR TOWN OF DEATH

70. BIRTHPLACE ISTATE OR FOREIGN

Trego. Md.

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital

120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife

13e STREET ADDRESS / ZIP CODE

INDUSTRY Own Home

Hagerstown USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Maryland

Washington

4 RACE

White

U. S. A.

RPHA

Rohrersville

15. MOTHER'S MAIDEN NAME Etta

DIVORCED

Rfd. 1

21779

14 FATHER'S NAME Harmon

TYPE OF PRINTS

3 SEX

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Grimm 166 SOCIAL SECURITY NO.

17 INFORMANT

13d INSIDE CITY LIMITS?

M.

Huntzberry ADDITION Greenwood Dr.

NO OR UNKNOWN)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

IMMEDIATE CAUSE (a)

220 1 certify that (1) (this hospital) attended the deceased fram_

212-74-7027

Mrs. Ruth M. Reeder, Hagerstown, Md. 21740 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, il any, which gave rise to immediate cause (o), stating the underlying cause last

PART I DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

saw the deceased alive on_

71e PLACE OF INJURY

211 LOCATION

STATE

NO []

NOT WHILE

AT HOME STREET, FACTORY, OFFICE FARM ETC)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (aur) apinian death occurred an the date and haur and Iram the causes stated

abave, (1) (we) (did) (did nat) view the body alter death. 22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

CITY OR TOWN

220 DATE SIGNED AKHILL NR. HAG. MO

Burial

Boonsboro Cemetery

Boonsboro, Wash. Co., Md.

DHMH - 16 60M 7/B4

ORTANT

24 FUNERAL DIRECTOR (VRA 15, 4)

CERTIFICATION

John H. Bast, Jr. Boonsboro Md.

10-4-85

250 DATE REC'D. BY REGISTRAR 246 REGISTRAR'S SIGNATURE he Daydson- Almorale Q.

	26	27.1889	0		
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of null		Inticat	gton County R	nite	minda de j
21779	f.isi		sfilverordon	novgalose	in Index
e care	8	401	881710		formal
Lipokasa . Kanada	erageli , re. = 1	Mrs. Mar V.	7507-17-515		

Scenarot Campacity Hoomsono, same Co., Wi. John H. Best, Jr. Boomsborro, Mr. 21113

289132	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MAI MENT OF HEALTH A CERTIFICATE (ND MENTAL HYG	REG. NO.	29/14
1 75		CEASED JANE PIRT G	ilbert N.M.N	Kith	SMITH	20 DATE OF DEATH MONT	pt.30,1985///// N
1 20	1 SE		4 RACE	S. DATE OF BIRTH	1005AR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	BI BI	male RTHPLACE (STATE OR FOREIGN SOUNTRY) aryland	White 76 CITIZEN OF WHAT COUNTRY? U.S.A	MARRIED X NEV	VER MARRIED	9 BALTIMORE CITY OR CO	
179	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington C	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Carpenter	12b. KIND OF BUSINESS OR
14 hours	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d INSI	DE CITY LIMITS?	13e.STREET ADDRESS / ZIP P.O. Box 1	CODE
within 2 sletely fill d 2 show	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	IS. MOTH	HER'S MAIDEN NA	ME	LAST
de de de de	16a. V	Benjamin vas deceased ever in u.s. ai	Smit!		Gertrude	ADDRESS	Hessong
be execution and condition and	(YES, NO OR UNKNOWN) (IF YES, GI	220-09-9	015 Mrs	Betty I	L. Smith Cave	etoyn, Md.
requires that the death certification is signed by the attending phase remove corband in the bundi, cremation, or remotion, or remotion, or committeeve	NO.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO		ATED TO THE TERM		
The low into on.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO NO	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: ng phys certifico iriol-troi ental Hy ltem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) HOUR A.M. MONTH D.			RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2}
offending street this street or riked or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN Spitol ar CTOR. Af I for use o I of Health		obove, (1) (fee did) (did n	n 19 of view the body ofter death.		(my) (our) opinion	, to deoth occurred on the dote or	nd hour and from the couses stated
by the hor ERAL DIRE e detochec Store Depl		22b SIGN AND MI	Mr	DEGREE		MEDICAL STAFF	224. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be det. with the State		22d. PHYSICIAN'S NAME IN	and 124 per	210 AD	2 Vor	V Classed	Houng (M)
BP	230 [BURIAL, CREMATION, REMOVA (SPECIFY) Buria		dar Lawn M	emorial I		wn, wash, Md. State
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	NAME DAVIS Fund	eral Home Smith	burg, Md.	250 DAT	FREC'D BY REGISTRAR 156 F	REGISTRAR'S STONATURE

SELVO' and . Der 11 and . Market III. I ready I I I to the to to at at entre D late The many for hear with the film to The street was a street of the Co., the sent equited with depression, median.

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305116

STATE OF MARYLAND	STATE OF MARYLANI	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🍂

1-	FOR STATE REGISTRAR			DEPARTA			0 0	2 9		
1. 1507	CEASED NAME	Late		AIDDIE	-	AST			YFAR	26 HOUR
	CORPRINTI L	Herr			SNI	1 do e	M. DATE OF DEATH	10 - 22	-	7 20 AM
1.5E)	X	CRTIFICATE OF DEATH REG. NO SED NAME ITEME 10 - 23 - 80 10 - 23 - 8		IF UNDER 24 HRS						
-	Female		caucas	sian	MONTH		82		THS DAYS	HOURS MIN.
		rostion	76 CITIZEN OF	WHAT COUNTRY?	8	- D NEVER WARRIED D	9 BALTIMORE CITY O	R COUNTY OF	DEATH	11. 12 F.28
A	arvland	373	IIS	1			Washingto	n		440
-	The state of the s	ATH.		_					12k KIND O	MD. F BUSINESS OR
1	- I						(TYPE OF WORK FOR MOST O	F WORKING LIFE)		. 600% 1200 011
140	perstown		Hvalo	n Illar	YOR		housew	ife		
USUA Mai: S	ALRESIDENCE DE HORI	THE COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDECITY HAAITS?	13. STREET ADDRESS	7 P CODE	210	11.1)
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11000	THEF'S NAME		-1180011	goroc						
	11/11/1/		IDDLE				MIDDLE		D 1 1	
						1 4			Kobin	son
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
No	0			218-34-3	608	Archie G. S	nyder, Will	iamspor	t, Md	
	IR CAUSE OF DEAT	H (Enter on	v one couse per	line for (a) (b) and	dic				APPROXI	MATE INTERVAL
10	PART I. DE ATH W	AS CAUSE	D BY			1 - 2	Assect		BEIWEEN	JABET AND DEATH
	1000	IMMEDIAT	E CAUSE (a)			Largiec	Jun 1			
	A CONTRACTOR OF THE PARTY OF TH		DUE TO, O	R AS A CONSEQUE	NCE OF	1 0		100	4	7. K
	Conditions, if any	which	(ıb)			Hails 1	9.		7 mm	0/14/6
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	andachian course	Berry	DOE 10, 01	AS A CONSCOOL	INCL OF	A CERA		-1275	11.0	16-
	printerry ring. Course	103.1	1						40	7
				ALTRIBUTING TO F	DE ATH BUT	NOT BELLIED TO THE YEAR	IN ALDIES ASS OR COM	OLITICAL CHUTCH	70	7
N				ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	INVART 110	,
TION	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>							
CATION	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>					706 IF YES, W	ERE FINDIN	IGS USED
THICATION	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>				700 AUTOPSY?	706 IF YES, W	ERE FINDIN	IGS USED OF DEATH? NO
CERTIFICATION	PART 2 OTHER SIGN	NIFICANT C	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AUTOPSY?	706 IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	OF DEATH?
AL CERTIFICATION	PART 2 OTHER SIG	THON DERIVERS LOCALINE OF DEA	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	700 AUTOPSY?	706 IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	OF DEATH?
	PART 2 OTHER SIG	THOM -	1% CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO	N WAS PERFORMED	700 AUTOPSY?	706 IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTING THE FEBRUARY NOTICE OF CURRY OCCUR.	TION TO CAUSE OF DEAL CALLER OF DEAL	196 CONDI 196 CONDI 216 TIME O HOUR A.I P.I 216 PLACE	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	700 AUTOPSY? YES NOE RED (ENTER NATURE OF INJUR	706 IF YES, WIN CERTIFYIN YES [YERE FINDING CAUSES	OF DEATH?
	PART 2 OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTING THE FEBRUARY NOTICE OF CURRY OCCUR.	TION TO CAUSE OF DEAL CALLER OF DEAL	196 CONDI 196 CONDI 216 TIME O HOUR A.I P.I 216 PLACE	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	700 AUTOPSY? YES NOE RED (ENTER NATURE OF INJUR	706 IF YES, WIN CERTIFYIN YES [YERE FINDING CAUSES	OF DEATH?
	PART 2 OTHER SIGI	TION CAUSE OF DEA	196 CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE, F.	OPERATIO AY YEAR 19	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	700 AUTOPSY? YES NOE RED (ENTER NATURE OF INJUR	706 IF YES, WIN CERTIFYIN YES [COUNTY	OF DEATH?
	PART 2 OTHER SIGN THE DATE OF OPERA THE DATE OF OPERA THE PARTY WAS UNITED TO THE PARTY WAS UNITED	TION THE CANT COMMENT OF DEAL	196 CONDI 196 CONDI 216 TIME O HOUR A P.: 21e PLACE o (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION STREET	700 AUTOPSY? YES NOE RED (ENTER NATURE OF INJUR CITY OR TO	706 IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART	CERE FINDING CAUSES	OF DEATH? NO STATE
	PART 2 OTHER SIGN THE DATE OF OPERA THE DATE OF OPERA THE PARTY WAS UNITED TO THE PARTY WAS UNITED	TION THE CANT COMMENT OF DEAL	196 CONDI 196 CONDI 216 TIME O HOUR A P.: 21e PLACE o (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 27	700 AUTOPSY? YES NOE RED (ENTER NATURE OF INJUR CITY OR TO	706 IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART	COUNTY	OF DEATH? NO STATE
	PART 2 OTHER SIG	TION THE CANT COMMENT OF DEAL	196 CONDI 196 CONDI 216 TIME O HOUR A P.: 21e PLACE o (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 d that in (my) (aur) opinion of	700 AUTOPSY? YES NOTE NATURE OF INJUR CITY OR TO:	706 IF YES, WIN CERTIFYIN YES [IY IN ITEM 18 PART	CERE FINDING CAUSES	OF DEATH? NO STATE
	PART 2 OTHER SIGN THE DATE OF OPERA THE DATE OF O	TION THE CANT COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF THE CO	196 CONDITIONS CO	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 19 21 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO PA RED (ENTER NATURE OF INJUR CITY OR TO: , to	706 IF YES, WIN CERTIFYIN YES [IN CITEM 18 PART WN	COUNTY	OF DEATH? NO STATE
	PART 2 OTHER SIGN THE DATE OF OPERA THE DATE OF O	TION THE CANT COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF THE CO	196 CONDITIONS CO	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 19 21 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO PA RED (ENTER NATURE OF INJUR CITY OR TO: , to	706 IF YES, WIN CERTIFYIN YES [IN CITEM 18 PART WN	COUNTY	OF DEATH? NO STATE
	PART 2 OTHER SIGN THE DATE OF OPERA THE DATE OF O	TION THE CANT COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF DEAL COMMENT OF THE CO	196 CONDITIONS CO	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 19 21 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO PA RED (ENTER NATURE OF INJUR CITY OR TO: , to	706 IF YES, WIN CERTIFYIN YES [IN CITEM 18 PART WN	COUNTY	OF DEATH? NO STATE
MEDICAL	PART 2 OTHER SIGI	TIDN CONTROL OF THE C	196 CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F. after death	OPERATIO AY YEAR 19 ARM. ETC.)	214 LOCATION STREET 214 LOCATION STREET 19 84 and that in (my) (aur) apinion of PHYSICIAN [272e ADDRESS	700 AUTOPSY? YES NOTE NATURE OF INJUR CITY OR TO: , 10 death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	706 IF YES, WIN CERTIFYIN YES [IN CITEM 18 PART WN	COUNTY	OF DEATH? NO STATE
MEDICAL MEDICAL	PART 2 OTHER SIGI	TIDN CONTROL OF THE C	196 CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F. deceased from	OPERATIO AY YEAR 19 ARM. ETC.)	211 LOCATION 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ADDRESS 217 ADDRESS EMETERY OR CREMATORY	700 AUTOPSY? YES NOTE NATURE OF INJUR CITY OR TO! A TO DIRECTOR PHYSIC 230 JOCATION CITY OR TOWN	706 IF YES, WIN CERTIFYIN YES [IN CERTIFYIN YES [IY IN ITEM IB PART WIN TE and have or	COUNTY COUNTY 22c. DATE	OF DEATH? NO STATE STATE that (I) (we) last couses stated SIGNED 2.7. P STATE
WEDICAL Pr	PART 2 OTHER SIGN IN DATE OF OPERA THE ACCOUNT WAS UNITED TO COUNTY THE PHYSIC IAN SM. 270.1 certify that (1) SHE PHYSIC IAN SM. 271.2 PHYSIC IAN SM. 272.1 CERTIFY TO COUNTY THE PHYSIC IAN SM. 273.1 CERTIFY TO COUNTY THE PHYSIC IAN SM. COUNTY	Olive on Ind (did not	216 TIME O HOUR AM P. 216 PLACE (AT HOME STR	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F. after death 19 23(N	OPERATIO AY YEAR 19 ARM. ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 87 and that in (my) (aur) apinion of Physician 270 ADDRESS 19 33 EMETERY OR CREMATORY en Cemetery	700 AUTOPSY? YES NOR RED (ENTER NATURE OF INJUR CITY OR TO A DIRECTOR PHYSIC 1230 JOCATION CITY OR TOWN MILLSTON MILLSTON MILLSTON	TOB IF YES, WIN CERTIFYIN YES [IN ITEM IS PART TO ON THE	COUNTY COUNTY	STATE state that (l) (we) last couses stated SIGNED STATE Md.
230 B bt	PART 2 OTHER SIGI	(this hospital of particular o	216 TIME O HOUR AA P. 216 PLACE (AT HOME, STR OUT 10 STR 10 OTT 10 STR 1	FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F. after death 19 230 N 1985 HOME HOME	OPERATIO AY YEAR 19 ARM. ETC.) NAME OF C	216 HOW INJURY OCCURE 216 LOCATION STREET 19 87 and that in (my) (aur) apinion of PHYSICIAN 270 ADDRESS EMETERY OR CREMATORY en Cemetery 256 QAT	700 AUTOPSY? YES NOTE NATURE OF INJUR CITY OR TO! A TO DIRECTOR PHYSIC 230 JOCATION CITY OR TOWN	TOB IF YES, WIN CERTIFYIN YES [IN ITEM IS PART TO ON THE	COUNTY COUNTY	STATE state that (l) (we) last couses stated SIGNED STATE Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 317036 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO I. DECEASED NAME TO DATE KNOWN MONTH DAY 7h HOUR TYPE OR PRINTI 8:15 LILLIAN RAYETTA SOMMER DEATH MATED OOT . 28 1085 28 HOUR 8:15 4 RACE 6 AGE (IN YEARS | IF UNDER TYR. IF LINDER 24 HRS 3 SEX DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED bet. OCTOBER 28 White 1906 Pemale A M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WASHINGTON WIDOWED X DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Williamsport Homemaker lliamsport Nursing Home Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Washington YES SZ NO [Mul berry Hagerstown venue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Albert William Russell John Marv 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Hagerstown, Md. I (IF YES, GIVE WAR OR DATES) 217-56-2264 Witt 2140 Rolling Carmelita M. IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #428 - CONGESTIVE HEART FAILURE WEEK IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 COMPRESSION Fx. T-1, L-1-2; BILATERAL Fx. PUBIC RAMI 100 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 5:30 KKSEPT . 21 1985 UNDERLYING OR FELL TRYING TO GET TO BEDSIDE TOILET CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK 837 MULBERRY AVE. . HAGERSTOWN, WASH., HOME EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PATER DEATH THE STATE BALLIMORE, MARYLAND, 2 Inspection 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry Natural causes X death resulted fram-Accident Suicide ___ Hamicide L Undetermined manner TITLE (SPECIFY) DATE OCT. 29,198 DEPUTY SIGNATURE WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) ADDRESS 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION 10-30-85 Rose Hill Cemetery 07/84 Hagerstown Wach 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 305 RESN. Potomac St. **DHMH - 17** Minnich Hagerstown, Marylandus (VR A15 ME (5))

HELEOU ATTEVAL MAILUI

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25 US. 730 %

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BUNDANT ASTRONOL - - HS

JAMAN DIRAY .KE JA ETALIK SEMIME (FT. PURIC RAMI)

T3.107 S01301 CV T30 OT 801707 JJ3 0 15.T93-__007

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Sel, 25. 129.

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CAR IS DIALY HAR VERICE PARTY

PRESTON ST

DIVISION OF VITAL RECORDS, 201 W.

old be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

63	
O	3
2.4	

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

and the same of th			KLO. 140.	
1. DECEASED NAME FIRST	MIDDLE	IAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Frankli	n Leroy S	Spidle	Oct. 9, 1985	
1.5EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male	White	July 31, 1920	65 yrs.	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
W. Va.	USA	WIDOWED DIVORCED	Washington	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (A AODRESS)	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L	176. KIND OF BUSINESS OF
Hagerstown	1016 Oxford (Circle	stitcher	Shoe
130 STATE 136 CO	or other institution, give residence before unity 13c. city or townshington Hagers	VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COO 1016 Oxford	
4 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
Charles	Spidle	Susan	MIDDIE	Hart
(YES NO OR UNKNOWN) (IF YES O	ARMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT	ADDRESS	
no	219 12	1295 Ethel L.	Spidle see #1	
PART I. DEATH WAS CAUS	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o)	Esperatory 6	uned	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	uncer of pur	nleso	unknown
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	IENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110

m 18 sho

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OR TOWN

NO

COUNTY STATE

22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

724. PHYSICIAN'S NAME (TYPE OR PRINT)

M.B. ALIZADEH, H.D

22e ADDRESS

(our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be deta MPORTANT

230 BURIAL CREMATION, REMOVAL 236 DATE uria

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY Cemeter

23d LOCATION CITY OR TOWN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

COUNTY St 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR N. Minnich

Potomac Hagerstown,

in by the function page 3 to filed within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MADVIAND FOR STATE REGISTRAR

en. R	EG. N	Ο.	2	9	S. S.			G
DE	ATLI	MINOM	-	244	VA AD	24	HOUR	_

	CEASED NAME	FIRST		MIDDLE	l.	AST	2a. DATE OF DEATH	MONTH	OAY YEAR	2b. HO	JR
(TYPE	OR PRINT!	enry		L. SI	POONH	OUR, Jr.	00	t. 01	1. 1985	2:3	5P /
3 SE)	х	-	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		R 24 HR5
,	Male		Wh	ite	MONT	6 - 16 - 17	68	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY O		Y OF DEATH		
	PA PA		USA		WIDOWE		WASHINGT	ON			М
	TY OR TOWN OF DEA Hagerstown	ATH	(IF NOT IN SUI	HOSPITAL, NURSING CH FACILITY, GIVE STREET A ERN MARYLA	DDRESS)	OR OTHER INSTITUTION ENTER	12a USUAL OCCUPATI LIYPE OF WORK FOR MOST O Supervisor				y A
13u. S	AL RESIDENCE (IF NUR STATE	136 COUNTY	OTHER INSTITUTION NOT Y Klin	13c. CITY OR TOWN Fayettevi	lle	13d INSIDE CITY LIMITS? YES NO 🛣	13 STREET ADDRESS . 1038 Black	zip con Gap	E Road	199	99
FA	Henry		WIDDIE	Spoonhour		15. MOTHER'S MAIDEN NAME FIRST ROSE	Ellen		Con	well	-
16a V	VAS DECEASED EVER YES, NO OR UNKNOWN)	WIT	MED FORCES? (E WAR OR DATES)	166. SOCIAL SECUR 181-05-9		E. Virginia		Fay	8 Black ettevil	Gap	Ro PA 722
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								APPRO	XIMATE INTE	RVAL D DE ATH
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia, bilateral								1 week		
	gave rise to imi cause (a), statu underlying cause	ng the last.	(c)_	rasaconseouer Diabetic r	nephr						
2						NOT RELATED TO THE TERM				(a)	
CERTIFICATION	Hypertension, Coronary Artery Disease, Gastina Date of Operation 198 CONDITION FOR WHICH OPERATION WAS PERFORMED.						200 AUTOPSY? YES NO X	20b. IF YI	ES, WERE FIND IFYING CAUSE (ES		TH?
-	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	TH HOUR A	DFINJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO	PART I OR PART 2)		
MEDICAL	WHILE NOT WE AT WORK			OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
	22a I certify that (2)					7/31/, 19.85	10/			, that 🗓	
	saw the deceas abave, (1) (wex)	ed alive on	t) view the body	0/01/ 19_8	35 0	nd that in (my) 🎇 💢) opinian	death occurred on the d	ate and ho	our and fram th	e causes st	ated
	226. SIGNATURE	In	iune	ula		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN []	DAT DAT	6 Les	1,19
	Fe U. P	orciu	ncula,	M.D.		Western Md	. Center, H	agers	town, i	Md. 2	174
	BURIAL, CREMATION,	REMOVAL		23¢ N		EMETERY OR CREMATORY IS Mem. Garden	23d. LOCATION		COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS 152 S. SECOND STOPPATE RECT BY REGISTRAR 135 REGISTRAR'S SIGNATURE CHAMBERS BURLE PA



STATE OF MARYLAND

REG. NO

	AND MENTAL	HYGIENE
TZAI		12-0

20 DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY) DAY 1903

IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED | NEVER MARRIED

WIDOWED DIVORCED [

(TYPE OF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR INDUSTRY

ALON MANOR. Hagerstown

Farmer 130. STREET ADDRESS / ZIP CODFred. Md.

Farming

13d. INSIDE CITY LIMITS? Frederick

15 MOTHER'S MAIDEN NAME

Martha

Fred.

MIDDLE

Leonard **ADDRESS** Md. 21701 1790 Stonehaven La.

Maudie Haro 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c anes of Bowel & Metastasis

17 INFORMANT

BET	PROX	IMAT ONSI	TAN	ERVAL D DE AT	Н
F	m		7	ームニ	٤

Conditions, if ony, which gove rise to immediate couse (0), stoting the

220. I certify that (I) (this hospital) attended the deceased from

IMMEDIATE CAUSE 10

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Stallings

underlying couse lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NO! WHILE

- STATE

Male

Md.

CERTIFICATION

MEDICAL

4 FATHER'S NAME

No

Albert

3. SEX

REGISTRAR

OB BIRTHPLACE (STATE OR FOREIGN

NASH COUNTY NIC

HAGERSTOWN

DOE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

4. RACE

Frederick

Nearo

Th CITIZEN OF WHAT COUNTRY?

DECEASED NAME TYPE OR PRINTS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

2	206 IF YES, WERE FINDINGS USED	
	IN CERTIFYING CAUSES OF DEATH	

71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

TREET

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

sow the deceosed alive on obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

20g AUTOPSY YES NOT

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

73d LOCATION

DIVISION OF

10-25-85 Burial 24 FUNERAL DIRECTORG. Douglas Stauffer

1621 Opossumtown Pk. Fred. Md.

236 DATE

Crestview Cemetery Roanoke Rapids Halifax N.C

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTA d b 3 +

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(VRA 15, 4) 1/79

STATE OF MARYLAND

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	66	24 1885	Sept. 2	white	Female
	Dordan Henry		X	.8.0	Mass.
Nurse	Nursing	Bakrati a	NA1225 Jul	TANEMAL DAY	WILLIAMSPORT
.0.	1. 71	Х	rdstovn	Snepne	Va. Jeff
alrweather	Unknown Fa	Eliza	rather	Fairb	Ch .rlebn (nown
box 1455 town, 1.Va.		rs. Anne	-1578	017-36	n\1

TENERAL VASAULAN ANABASE

SMOSAUNE LALASED

(1)

Oct. 29,1935

Burial (Jet. 31,1985 Elnwood vemetery 1037 Dual Place Hagerstown, Md. 21740)

Shepherdstown Jeff. W.Va.

(VRA 1:

69	1 -	FOR STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL HYO	REG. NO.	9/2
	1. DEC	OPRIMIT DENDITOR	ginia L	oubell /	Vai	M SWAIN		1985 26 HO
0	3. SE	female	4 RACE W	nite	5. DATE O	DAY YEAR	64 YRS.	IF UNDER I YEAR IF UND
Sono		RTHPLACE (STATE OR FOREIGN FOUNTRY)		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUNTY Washington	OF DEATH
nomiled		TY OR TOWN OF DEATH		HOSPITAL, NURSING HEACHLY GIVE STREET A		ROTHER INSTITUTION Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSH INDUSTRY Store
rmust be	USU, 13a S	AL RESIDENCE (IF NURSING HOME OF TATE NO. 136 CQUI	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Sm1 ths bu	ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE Rt 2 Box 83	21783
/ Communication	14 FA	Theodore	MIDDLE	Barger	W	15. MOTHER'S MAIDEN NA Bessie	WIDDLE	Holmes
medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? VE WAR OR DATES!	212-24-5	- 1	Mr. Lloyd H	ADDRESS Swain Smithsbu	urg, Md.
o burial, cremotion jury, or other troun	NO	Conditions, if ony, which gove rise to immediate couse lost storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O	may	NICE OF	A James (E)	W SW GRYSTA	EN IN PART I 10
5 P								
ony it	RTIFICATI	19a. DATE OF OPERATION			OPERATION	N WAS PERFORMED	YES NO YE	YING CAUSES OF DE
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focated for use os the curronshipermin. Dept. of Health and Mentol Mygiene prioritif them 21 is marked or them 18 shows any in		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE HE EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHIE NOTWHIE ALWORK 22a.I certify that (1) (this hosp sow the devessed drive or	21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC) , on	216 HOW INJURY OCCUR 211 LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	YES NO YES YES NO THE YES PRED (ENTER NATURE OF INJURY IN ITEM IS PORTY OR TOWN	YING CAUSES OF DE S NO
lept. of Health and Mental Hygiene priors them 21 is marked or them 18 shows ony in	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hosp sow the decreased alive or about (1) (r) (did) (did not about (1)) (r) (r) (r) (r) (r) (r) (r) (r) (r) (21b. TIME CO ATH HOUR A. P. 21c. PLACE (ATHOME STI ATI VIEW 11/6 body) DR PRINT) A A A A A A A A A A A A A A A A A A A	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC) , on	216 HOW INJURY OCCUR	YES NO YE RED (ENTER NATURE OF INJURY IN ITEM IS P CITY OR TOWN death occurred on the date and hou	YING CAUSES OF DE S NO

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

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	2	5	3	Medical Mem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the
	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial and compiled tilled	should be detached for use as the buriof-transit permit. Then please remove carbon paper is Fault in and 3 than the	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	21

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

.00.0		REGISTRAR			CATE OF BEATT.	REG. NO.					
		CEASED NAME FIRST OR PRINT)	Daniel	1	AST .	LE DANCE OF DEFINIT	DAY YEAR	26 HOUR			
oge deort	>	Rober		Tedi			8-95	PM			
or. p	3. SE	× ale	4 RACE white	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.			
oge				Apri	1 4, 1920 YEAR	65 YRS	OFFICE				
# 102 P		RTHPLACE LISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED						
de de		aryland	USA 11. NAME OF HOSPITAL NURSIN	WIDOWE		Washington 120 USUAL OCCUPATION	125 KIND O	MD. OF BUSINESS OR			
the state of the s	Н	agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET A Washington Cou	nty M		TYPE OF WORK FOR MOST OF WORKING LII	railr	oad			
11136	13a S	STATE 136 COUN	other institution give residence before NTY 13¢ CITY OR TOWN Hagersto	N	136 INSIDE CITY LIMITS? YES K NO [136 STREET ADDRESS / ZIP CODE 904 Dewey Ave.	21	740			
处门到门	14 F/		rlton Tedrick		15. MOTHER'S MAIDEN NAM		wbaker	ā			
Jan W. T.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS					
P P P P P P P P P P P P P P P P P P P	,	es W.W.	II 705-14-0	192	Ruth Tedrick	, Hagerstown, Md	•				
a physici on poper emoval event, th		PART I DEATH WAS CALISE	ly one cause per line for (a), (b), and DBY: TE CAUSE (o) Small ce		reinonea of	lung		mate interval onset and death nonths.			
quires that the death signed by the otten hen please remove at to burial, are motion, jury, or other trauma	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	nce of	NOT RELATED TO THE TERMI	inal disease or condition giv	EN IN PART 14	0			
he low re on. hos been t permit. I ene prior ows ony is	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTII	S, WERE FINDIN YING CAUSES S				
CIAN: T g physici gertificate oil-trons) ntol Hygi em 18 sh	CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 I	ART I OR PART 2)				
ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE FA	ARM, ETC }	211 LOCATION	CITY OR TOWN	COUNTY	STATE			
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TTEN TOR For to				35. or	d that in (ny (over opinion o	leoth accurred on the date and hav					
hos hed ept.		226. SIGNATURE	view the body difer death.		DEGREE		22c. DATE	SIGNED			
AL C the AL D detoc ste D		Richard	E. Stmits	, m.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2	9/25			
FUNER old be of the Sta		224 PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS						
O HC found to FL with th		Richard E	. Smith , MID.		1708 Oak 1	till Ave. Hoger	stown	Ind 2174			
To Las		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	- STATE -			
BP	b	urial		est Ha	ven Cemetery	Hagerstown, Wa					
DHMH - 16 60M 7/84		NAME	ICH FUNERAL HOME	241	1 1/111	REGID. BY REGISTRAR 25b. REGIST	BARESSIGNAT	B&Kring press			
(VRA 15, 4)	4	15 E. Wilson B.	lvd., Hagerstown,	Md.	21/40	4					

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
I. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
Mildres	A	THOMAS		10	21 85	9/AN			
1. SEX	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.			
) F	W	7 3	10	75 YRS					
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	R MARRIED -	9 BALTIMORE CITY OR COUN	TY OF DEATH				
MARYLAND	U.S. A		DIVORCED [Washington	Count	ME			
NO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ISTITUTION	170 USUAL OCCUPATION		OF BUSINESS OR			
HosersTown	Washinsten (lospital	factory werker		ne Man			
USUAL RESIDENCE (IF NURSING - ME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	CITY LIMITS?	13e STREET ADDRESS / ZIP CO		2000			
PENNA. Fult		Tauvary YES [NO 🚽	HER BOX 1		777			
14 FATHER'S NAME		15. MOTHE	R'S MAIDEN NA	ME		,			

MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES!

166 SOCIAL SECURITY NO

ADDRESS

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line far (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (0), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION COUNTY CITY OR TOWN STREET

NO! WHILE 10 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 10 - 2 (abave, (1) (see) (did not) view the bady after death. and that in (my) (ess) apinian death accurred an the date and hour and from the causes stated

SIGNATURE 22c. DATE SIGNED ATTENDING 1 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 276 PHYSICIAN'S NAME ITYPE OF PRINT

OSENTHAT

BURIAL REMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY

Luther Miller Memonal Westminster

STATE

24 FUNERAL DIRECTOR DHMH - To dOM 7/84

CERTIFICATION

WEDICAL

522 N. ZM Sit M Connellabur

(VRA 15, 4)

35 7.18

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N.E.	S S S S S S S S S S S S S S S S S S S	No	VAS DECEASED EVE ES, NO, OR UNKNOWN)	(IF YES, GIVE Y	WAR OR GATES)	220- 28	- 3304	Mr.	Donald	J. Witme	er, Ke	edvsvi	110.	Md.
60	WEST WEST		18 CAUSE OF DEA	ATH (Enter onl	y one couse per line						***	API	ROXIMATE	INTERVAL
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0	A P P P P P P P P P P P P P P P P P P P			MANEDIA		AS A CONSEQUENC							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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			death resulted fro	im; Naturi	or causes of ,	Accident LL,	Suicide [, Homic		ndetermined monni	er [],			
	MEDICAL EXA CUTE THE CERT SE 4 SHOULD I FUNERAL DIRE FR DEATH, WIT		ACTUAL SIGNATURE	K	11. We	elle		TITLE (S	カカ			DATE SIGNED	20.	25
	SEE SEE S		SIGNATURE		, ,	1		.D	1	MEDICAL EXAMINI	ER S	SIGNED.	1 0	
	EXECUTE PAGE 4 TO FUN BALTIMO		EXAMINER'S NAM (TYPE OR PRINT)	E /4,	N. Wes	KS		ADDRESS_	586 16	rthom Av	HAGE	STOWN	44)
	PAGE PAGE PAFIER PAFIER	23a.Bl	JRIAL, CREMATION	,REMOVAL 2	B DATE	23c. NAME OF	EMETERYO		ORY 23	d LOCATION				
07/84	BP	(5	Burial		10-22-85		Haven			Hagers	stown.	Wash.	Co. ST	Md.
25M	DHMH = 17		JNERAL DIRECTOR							D. BY REGISTRAR				
	(VR A15 ME (5))	J	ohn H. Ba	st, Jr	· Boons	poro, Md.	2171	3	JUI 2	3 1985 A	the Day	duri Ba	da ML	

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	TO MEDICAL EXAMENCE THE CERT PAGE 4 SHOULD FOR A SHOULD F			NAME Ann	M. Dixon,	M.D.		ADDRES	111 1		St., Ba		IONED	2120	
07/84	Bb	23a.B	PEC(FY)	TION, REMOVAL Bur	23b. DATE Oct.10,19		ar Lawi			rk city o	CATION lagersto	wn, Wa	śń, Md	l.	STATE
25M	DHMH - 17 (VR A15 ME (5))	24. FI	NAME DA	vis/Fune	ral Home	Smith	sburg,	à.	CT I	S IN	REGISTRAL 256	REGISTRA	R'S SIGNA	TURE	

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DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

9 8:13 P88 8:13 P Female : Linkte Aprylandia 3.5.6. Reperson Avalon Luncr Private Duty Naryland Frederick Fridawing x 1-17 eld amittening hu. natiral is retinen AND SERVICE OF SERVICE . Si winder on all victor rules. And dele-de-188. 10/31/1985 The same and the s .b. splinbors - implication of the mean depart of the section of t

50 E. Fresh Co.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

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MPORTANT. IF IN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE S S REG. N	2 9	1	2 /
	CEASED NAME FIRST DE OR PRINT) Bessi		erine \		ENFELTZ	20. DATE OF DEATH	10-07	-85	1:46 P M
3. SE	X	4_RACE		S. DATE C		& AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
1	Female	White		Jan	. 13, 1887	98	YRS	DAIS	HOURS MIN,
7a. 8	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1	Maryland	U.S.A		WIDOWE		Washing	ton Cou	nty	MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		NOUSTRY	F BUSINESS OR
	Hagerstown				n Village	Housewi	fe	10007111	
13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	ive residence before at 13c. CITY OR TOWN Hagersto		13d. INSIDE CITY LIMITS?	243 East	ZIP CODE Lincol	217 n Av	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS'	1
	Jacob		Koog.	le	Mary	М.			berger
	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECURI	ITY NO	17 INFORMANT	ADDR	ES243 E.	Lin	coln A
	No		217-12-	1769	Cora I. He	endricks	Hagers	town	, Md.
7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per li	ne far (a), (b), and	ic.				BETWEEN	MATE INTERVAL
V		TE CAUSE (a)	Acute	7	26, vation			Mir	nu ges
	9120	DUE TO, OR	AS A CONSEQUEN	ICE OF					
	Canditians, if any, which gave rise to immediate	(ib)						7	
	cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUEN	ICE OF					
	PART 2. OTHER SIGNIFICANT	(c)	NAME OF STREET	ATU DUT	NOT BELATED TO THE TERM	INIAL DISEASE OR CON	IDITION CIVEN I	NI DADI I	
Z	PART 2. OTHER SIGNIFICANT	~	1 sure to	AIII BUI	Que to	TINAL DISEASE OR COI	Distic		n Hounds
CERTIFICATION	190 DATE OF OPERATION			PERATIO	N WAS PERFORMED	200 AUTOPST	20b. IF YES, WE	RE FINDIN	NGS USED
F		P				YES TO NOT	IN CERTIFYING	3 CAUSES	OF DEATH?
4 5	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIH	A. MONTH DAY	YEAR 19	201 4 4 4 4 4				
MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
Z	WHILE NOT WHILE	(AT HOME, STREI	ET, FACTORY, OFFICE, FAR	M, ETC)	SIRCET	CITOKI			31710
15	22a I certify that (I) (this hasp	oital) attended the	deceased fram	43	19 79		19	<u> </u>	that (I) (we) last
	saw the deceased alive a abave, (1) (we) (did) (did n	at view the bady a	Itter death.	<u></u> , ar	nd that in (my) (our) opinian	death accurred an the o	date and have and	d Iram the	causes stated
	226. SIGNATURE	X	0		PEGREE			22c. DATE	SIGNED
	7	Ne	2	n	FRISICIAN U	MEDICAL STA		.9°C	13.42
	22d PHYSICIAN'S NAME (TYPE				22e ADDRESS	1 1 0		1	
	W.M.	Lenga	v		138 CV	4 gre fan 39	1400	rigo	OM mo
230	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		UNTY	STATE
	Burial	10-1			auls Church			ede	
	FUNERAL DIRECTOR . KNAME Coffman	Funeral	Hager	sto	wn, Md. 250 DAT	REC'D. BY REGISTRAL	R 256 REGISTRAR	SSIGNAT	URE
1	COLLINAII	- unclai	riome, I	110.	961	- 0 13002	freeden		deployed.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 1 DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-8198 6. AGE (IN YEARS IF UNDER TYR. IE UNDER 24 HRS 2c DATE AST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNT NEVER MARRIED 15. MOTHER'S MAIDEN NAME ARMED FORCES 17. INFORMAN' 60. WAS DECEASED EVER IN U.S. [YES, NO, OR UNKNOWN] CAUSE OF DEATH (Enter anly one cause per line far (g), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Suicide Homicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 07/84 BP 25M DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND

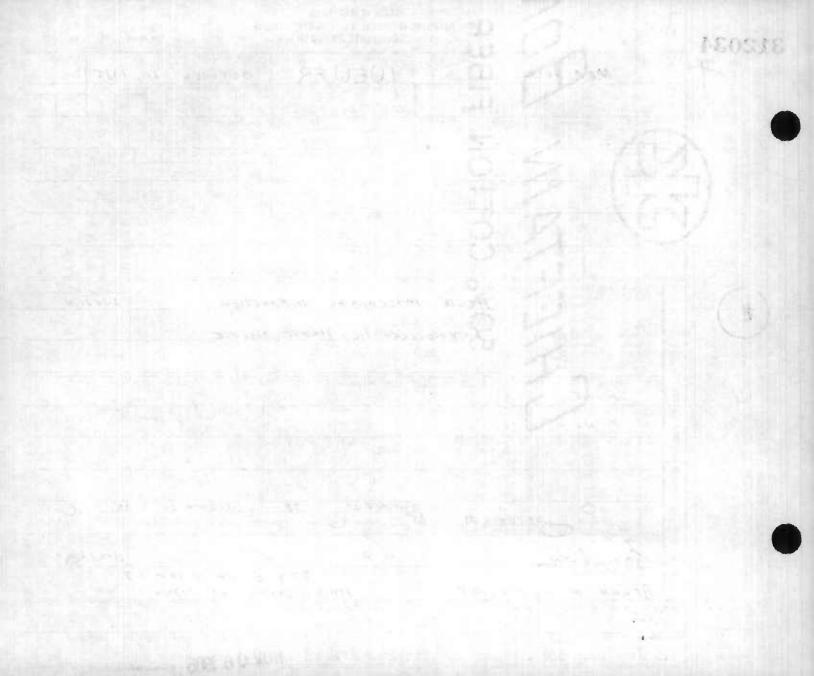
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👷 💢

'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	7 1	6.m	7
	CEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b HO	UR
1	MA	RSHA	LL Wi	lliam	11	JELLER	OCTUBER	31	, 1985		M
3 SE	X	- 34	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	_	ER 2J HRS
	male	200	wh	ite	June	2, 1912	7.	3 YRS.	NONTHS DATS	HOURS	WIN,
	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	DXX NEVER MARRIED	9 BALTIMORE CITY				100
	Maryland		U.S	.A.	WIDOW		Wash	ington			MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND		VESS OR
	Hagerstown		Washin	gton Cour	nty Ho	ospital	maintenan		Stat		
	IAL RESIDENCE (IF NURS	13b COUN	ITY	136 CITY OR TOW		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2174	0	
	aryland	Washi	ngton	Hagersto	own	YES NO [X	Route 9, B		21/4	0	
14 F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LA	ST	
	Samuel			Weller		Laura			Shive	S	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADĎRI				
	no			212-14-	7102	Mrs. Catheri	ine Z. Well	er, Ha			
15	18 CAUSE OF DEATH PART I. DEATH W	H (Enter onl	ly one cause per	line for (a), (b), and	d (c)				BETWEEN	ONSET AN	ERVAL ID DEATH
12	TAKT I. DEATH O		E CAUSE (a)	ACUTE 1	MYOC	MADIAL INFA	IN CTION		500	DEN	46.
	The last of		DUE TO, O	R AS A CONSEQUE	NCE OF	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	Conditions, if any,		(b)_	ANTENIOS	CLEN	OTIC HEART	DISERSE				
	cause (a), statin		DUE TO, OI	R AS A CONSEQUE	NCE OF				4-1		
			(c)								
Z	PART 2 OTHER SIGN		ONDITIONS <u>CC</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0	
CERTIFICATION	190 DATE OF OPERAT	to a contract of	19h COND	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	70b. IF YES	, WERE FIND	NGS USI	FD
IFIC	NON						YES T NOT	IN CERTIF	YING CAUSE		ATH?
E	210. ACCIDENT WAS UND	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCURR				140	
	OR CONTRIBUTING		117	M. MONTH DA							
MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY	19	21f LOCATION					
X	WHILE NOT WH	ILE [(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY		STATE
	22a 1 certify that		al) attended th	e deceased from	5 LTONG	N 27 19 78	10 OCTOBER	31	1985	that (1)	(we) lost
	saw the decease above (1) (we) (c	d olive op	OCTOBE	21 190	5 , 01	nd that in (aur) apinion o					
	21k SIGNATURE	ara Maria mar	y view me body	affer death.		DEGREE	7777		22c DATE	SIGNED	
	Rand	Cell			M	P ATTENDING PHYSICIAN F	DIRECTOR PHYSIC	FF IAN	11-0	1-85	-
1	22d. PHYSICIAN'S NA	AME (TYPE OF	R PRINT)			22e. ADDRESS 23 9	E. ANTIE		T		
	BARRY	м. С	OHEN,	MD		HAGEUSTOU	wr, Mp. 2.		0.00		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION				
1	burial				. Paul	ls Cemetery	Clear Spr	ing, W	ash.,	Mary	land
	UNERAL DIRECTOR	MINNI	CH FUNE	RAL HOME		250 DATE	REC'D. BY REGISTRAR				
4	15 E. Wilso	n Blv	d. Hage	rstown, Ma	arylan	nd 21740 N	OV O 6 MODE				

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol,

IMPORTANT: If Item 21 is marked or Item 18 shows



	DHIG PHYSICIAM. The law requires that the depth certificate be executed within 24 hours often death. Fage 4 may of other death. Fage 4 may	After this certificate has been signed by the organization and completely filled in by the funeral director, par e.gs. the businformer permit. Their please immost collect papers. Pages 1 and 2 spould be filled within 72 hours after d
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN. The lov or otherding physicion.	8.0
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10	ВОС	ONSBORO, MD.	Reede	rs Memori	al Hom	R OTHER INSTITUTION	Laborer	DON WORKING (PE)	th KIND OF INDUSTRY.
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2		WAS DECEASED EVER IN U.S TEL NOOR LIMENOWNI 1 18 TE NO	None		2000 (2000)	Forrestvi	de B. Herr	e11 270	05 Quay
1		18 CAUSE OF DEATH Enter PART L DEATH WAS CA	er only one couse p	er line for pc 10 or	af .	1	1		BETWEEN OF
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		221111	TENTE OF BEATH	REG. N	10.			
		CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOL	JR,
	TYPE	ELW ELW	000	c W	ILKINSON		10-2	-85	5	1
	3 SE		4 RACE	S. DATE C		6 AGE (IN YEARS LAST B	RTHDAY) IF U	INDER I YEAR	IF UNDER	R 24 HRS
-	1	TALE	white	MONTH 4	2 1903	82	YRS	INS DAYS	HOURS	MIN.
	7a Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.		9 BALTIMORE CITY	OR COUNTY OF	DEATH		
1	HA	NGOCK, MD.	USA.		D NEVER MARRIED DIVORCED	LUASHIN	IGTON	Co.		MD.
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINI	
7	H	AGERSTOWN	WASH. CO	TY, GIVE STREET ADDRESS) O.HOSPITA	C	LETTER KE		ARM	y Do	EPO7
		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13c C	SIDENCE BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	13e STREET ADDRESS		-0	112	4
1			SH. FU	WKSTOWN	YES NO NO	220 CHES	NUTS	T. 6	110	
n	14 FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	- MIDDLE		146		
4	1			KINSON	LEVINA	B	5707	TLEI	MIL	72
П		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS PO	0,0	23	
	(YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	7-09-9733	MR. ARTHUR.	DOVLE-	613 CAR BAUT. 1	40	1120	8
		18 CAUSE OF DEATH (Enter on	ly one couse per line fo	or (o), (b), and (c).					IMATE INTER	RVAL
		PART I. DEATH WAS CAUSE	Ď BY: E CAUSE (o)	- 1	ac denal		1 1 8	BE I WEEIN	DINSET AND	DEATH
		IMMEDIAI	Marie III			1				
4		Candida a 1	DUE TO, OR AS A	CONSEQUENCE OF	- 0.11	2				
		Conditions, if ony, which gove rise to immediate	1b)	myso	aray an	to char				
3		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF			374			
			(c)							
	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIVEN	IN PART 110	0	41.14
	TION				_0_0					
5	ICAT	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
	CERTIFI					YES NO	YES [NO [
0	CEI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	IRY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DEA	164	19						
	EDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	URY	21f LOCATION					
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN	COUNTY	S	STATE
		22a.1 certify that (1) (this hospit	tol) ottended the dece	osed from	, 19	, to	. 19_		that (l) (s	we) lost
	П	saw the deceased alive on above, (1) (we) (did) (did no	ti view the hady after a	19, ar	d that in (my) (our) opinian	death occurred on the o	ate and hour on	d from the	couses sto	ated
	54	226. SIGNATURE	THE BODY OHER C		DEGREE			22c DATE	SIGNED	
-		0.	196	Pin	ATTENDING PHYSICIAN F	MEDICAL STA	FF	10/	2/6	20
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1	22e ADDRESS	DIRECTOR PHYSI	LIAN	1	70	
		ABOUT I I AM	kern u		1610 - OAK	14:11 610	1100		917	1
-				/	1.0	MIII NE.	ITHG.	mr)	211	40
		URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	co	DUNTY .	S	TATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

IMPORTANT: If hem 21 is morked or hem 18 sh

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

(VRA 15, 4)

TO HOSPITAL

STATE OF THE PARTY THE SHE SHE SHE SHE SHE SHE SHE 1810 Com to the sale to the and district The past is justine which will be a first the state of the state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2	9	1	3	
E-no	1	4	0	6

	- STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF DEATH	REG.	NO.		5 4
1	I. DECEASED NAME	FIRST	1	MIDDLE	14.5	AST	20 DATE OF DEATH		AY YEAR	26. HOUR
	JAM	ES	FRANI	KLIN	WII	SON		At 2	0 88	TA,
ı	3. SEX		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER TYEAR	
	male	X 5 17 1	whit	e	Feb.	13, 1908 YEAR	77	YRS	ONTHS DAYS	HOURS MIN.
1	To BIRTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Maryland		US	SA	WIDOWE		Washi	ngton		M
1	10 CITY OR TOWN OF DEA	TH 11	I. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS OF
F	Hagerstown		647 Hig	ghland Wa	У		community			ity co.
2	USUAL RESIDENCE IN NURSI	136 COUNT		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	130 STREET ADDRES	5		
P	Maryland	Washi	ngton	Hagersto		YES X NO	13e STREET ADDRESS	hland V	lay :	21740
П	14 FATHER'S NAME	MIE	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		14	467
J	James	W.		Wilson		Leathi	.e D	ail	Ai	rnold
	160 WAS DECEASED EVER		VAR OR DATEST	166 SOCIAL SECU		17 INFORMANT		RESS		
ı	No		2	14-10-55	40	James W. Wil	son, Fair	Play, M	iaryla:	nd
	18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only	one couse per	line for (o), (b), and	(CL)	T METER ON			BETWEEN	EMATE PATERVAL CONSET AND DEATH
		IMMEDIATE		Co	Kon	my out	en-		See	ellen.
ı			DUE TO, OF	R AS A CONSEQUE	MOE OF	111-	1			
	Conditions, if ony, gove rise to imm		(b)	att	40	Lever 1	disce		415	
1	couse (o), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF				1	
	underlying couse	lost.	(c)					10/12/		1000
	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1	(0,
	190 DATE OF OPERAT	ION	Tim CONDI	,	0050 1710			Tax and and		
1	DATE OF OPERAL	ION	195 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?		WERE FINDS	S OF DEATH?
7	21g. ACCIDENT WAS UND	EBIVING []	216 TIME O	E INI DIDV		Tal- How bulley occurs	YES NO			NO 🗌
4	OR CONTRIBUTION C		1100100 4	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF IN	JURY IN ITEM IB PA	RT 1 OR PART 2)	
	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR		P./ 21e PLACE (19	211 LOCATION				
	MALITE NOT MH	ILE		EET, FACTORY, OFFICE FA	RM, ETC.)	STREET	CITY OR	NWO	COUNTY	STATE
1	AT WORK AT WOR) - ss d - d - sb -							
	22a I certify that (I) saw the decease	d alive on		19	- 01	nd that in (my) (our) opinion (death accurred on the			, that (I) (we) last
1	obove, (I) (we) (d	id) (ded not)	view the bady	ofter death.		DEGREE	ocom occorred on me	adic and floor		E SIGNED
	1	(1) Des	lester	1- D:	ENT	The THE ATTENDING		AFF _	1 A	200
â	22d PHYSICIAN'S NA	ME (TYPE OR PI	RINT)	1		22e ADDRESS	DIRECTOR PHYS	ICIAN [Lock	10.85
П	1	1.11.4	Upp ks	0		16- 11-11 1	de Harren	dia	Tues	
+	23a. BURIAL, CREMATION, F	REMOVAL	23b. DATE	123r N	AME OF C	EMETERY OR CREMATORY	123d LOCATION	3/044		
	burial		Oct.23			ven Cemetery	Hagerstow	m. Wash	COUNTY	rvland

DHMH - 16 50M 1/B1 (VRA 15, 4)

Oct.23,1985 Rest Haven Cemetery

Hagerstown, Wash., Maryland

415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-R FILES. HOURS STREET, 1/19 85 DEATH MATED 10/ Gilbert. James Winters. AGE (IN YEARS 4. RACE 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 1/10 85 male white May 9, 1967 18 L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) Washington County, Maryland USA DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS painting & wallpaper FOR MOST OF WORKING LIFE! Washington County Hospital Hagerstown SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 520 Guilford Ave. 13c. CITY OR TOWN Washington Maryland Hagerstown 21740 14 FATHER'S NAME 15, MOTHER'S MAIDEN NAME FIRST James Carol Winters, Sr. I. Sweigert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No James G. Winters, Sr., Hagerstown, Md. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSII HEALTH AND MENTAL HYC AL. CREMATION, OR REMO! Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: This Idan E. WRITING TO THE FORWARDED TO THE PAGE 3 SHOULD BE TO THE DEPARTMENT OF THE DEPART TO BURI YES X NO [210 EXTERNAL CAUSE WAS 116 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 9:25RM 10/1/19 85 CONTRIBUTING CAUSE OF DEATH subject driver of auto/auto collision 21e PLACE OF INJURY (AT HOME. 21f LOCATION AGE 4 SHOULD BE FORWARDER OFUNERAL DIRECTOR: PAGE 3 FIER-DEATH, WITH THE STATE DE ALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK roadway Rt. #60. 2 miles NE of Hagerstown, Md. 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted Iram Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 10/2/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. PAG 23a BURIAL, CREMATION, REMOVAL 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION Oct.5,1985 burial Rose Hill Cemetery Hagerstown, Wash., Maryland 07/84 25M 24 FUNERAL DIRECTMINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

STATE OF MARYLAND

is I'm finished in

297013

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

12.40 M

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINT Summy Jr. Carl S. Wittmer 10-18-85 4. RACE 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) 3 SEX YEAR MONTH 12-13-06 Male Caucasian

TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARRIED C NEVER MARRIED WIDOWED DIVORCED

17 INFORMANT

Washington 12a USUAL OCCUPATION

stockbroker

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

21740

RD

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY

13c CITY OR TOWN Washington Hagerstown

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES TH NO 15 MOTHER'S MAIDEN NAME

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

1845 Fountainhead

Dodson

APPROXIMATE INTERVAL

S. Carl IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

166 SOCIAL SECURITY NO 214-09-2835

Wittmer, Sr.

Mary H. Wittmer, Hagerstown, Md.

Sarah

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10

Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost

19a DATE OF OPERATION

York PA

10 CITY OR TOWN OF DEATH

14 FATHER'S NAME

FOR

S A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C

Maria and the second	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	
TIE INJURY OCCURRED	

216. TIME OF INJURY HOUR A.M. P.M.

MONTH DAY YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

22c DATE SIGNED

STATE

Te PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC | WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on to above, (I) (we) (did) (did not) vir the body after death

CITY OR TOWN COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

22b. SIGNATURE 22d PHYSICIAN'S NAME TTYPE OF

22e ADDRESS

ATTENDING!

211. LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

230 BURIAL, CREMATION, REMOVAL buria1

CERTIFICATION

MEDICAL

23b. DATE Oct.22,1985

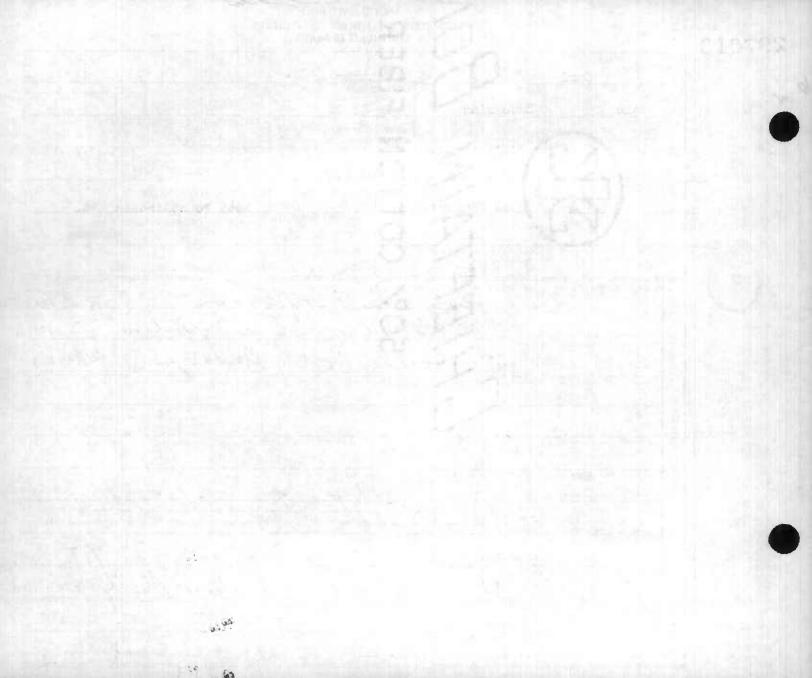
231 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

Hagerstown, Wash., Maryland

MINNICH FUNERAL Wilson Blvd., Hagerstown, Md. 21740 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the distribution is executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the out the properties of a completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remain intermigrate Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.
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7012	1 -	FOR BURRELL STATE YEATER	WILSON DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5	29/35
e 4 may be ctor, page 3 s ofter death	3. SEX		FLL, W. Y. RACE White	EATER 5. DATE OF BIRTH October DAY 5, YE 915	26. DATE OF DEATH MONTH	DAY YEAR 26 HOURS MIN.
offer deoth Pog y the funerol dire ed within 72 hour	70. BI			* MARRIED NEVER MARRIED WIDOWED DWORCED SHOME OR OTHER INSTITUTION DURSTY HOSPITAL	9 BALTIMORE CITY OR COU Washington 176 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKH OWNER	NTY OF DEATH County MD. 12b. KIND OF BUSINESS OR
ecuted within 24 hours d completely filled in b es 1 and 2 should be fil ical in summer miss	13a S 14 FA	AL RESIDENCE (IF NURSING HOME OR O TATE Aryland Washi THER'S NAME FIRST Creety T	ther institution, Give residence serore y lac city or low clear S Dole Lexan Yeate ED FORCES? 166 SOCIAL SECUL	pringes No No No No No No No N	I. MIDDLE B.	21722
or the design of the construction of the construction of the from of the from of the median of the m	,	No	ane cause per tor (a), (b), and BY:	rua Linnie Obstrue	turling Dis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low requires th istion set has been signed it sist permit. Then plea yignen prior to burnol shows any injury, or it	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 1216 HOW INJURY OCCUR	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
UDING PHYSICIAN or ottending physics to after this certifical sees the buriol-tro eoith and Mental Hy s marked or item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (## ETHER NOT#Y MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that (1) (this hospital)	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	Y YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTER etained by the hospital TO FUNERAL DIRECTOR should be detached for unit the State Dept. of H IMPORTANT. If hem 21 is			view the body offer death.	DEGREE ATTENDING PHYSICIAN DIPLYSICIAN DI	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
BP	24 FI	DINERAL DIRECTOR	10-25-85 Sha	AME OF CEMETERY OR CREMATORY INKtown Church C	E REC'D. BY REGISTRAR 256. RE	

A Partial Country of the Country of S participated and The second of th and lead I is saved a real property of a product college of the product of Greetly I Thomas Vyested Carneston J. E. Die William - 202- - 1305 Pred L. Yearer Manchen H. 20 Carried Long Sold will be a facility of the state of the Mile medicances of the County Park and the real SE and AND THE PROPERTY LOOK HALL BUT ASSELLED THE PLANT OF A COLUMN the state of the parties and the state of th BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH CERTIFICATE

Al	ND	MENTAL HYGIENE	14	for a
()F	DEATH		~
		PEATH		RE

2 9 7 3 6

	61-10				-
REG. N	10.				
ATH	MONTH	DAY	YEAR	2b. HOUI	R

12b. KIND OF BUSINESS OR NDUSTRY Furniture

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes

STATE

STATE

21783

	PE OR PRINT) Will	IAM		MIDDLE	1641	NG		20 DATE OF DEATH	10	2	85	26. HOUR		
3. S			4 RACE		5. DATE O			6 AGE (IN YEARS LAST BI	RTHDAY)		ER I YEAR	IF UNDER 24		
Male			White 5			" 21	124	71	YRS.	MONTHS	1 0-12	HOURS		
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania			76 CITIZEN OF WHAT COUNTRY? 8. MARE WIDO			NEVER M	ARRIED O	9 BALTIMORE CITY OR COUNTY OF DEATH Washington						
Hagers town			Was	HOSPITAL, NURSIN HEACILITY, GIVE STREET Shington	126 USUAL OCCUPATION 179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carpenter Furniture (
13a	JAL RESIDENCE (IF NURSI STATE aryland	13b. COU		113c CITY OR TOW	N	1134 INSIDE CI	TY LIMITS?	135TREET ADDRESS	t. E	sta	tes	2178		
14_F	Felix		MIDDLE	Yinglin	g	15 MOTHER'S	MAIDEN NA.	ME			Tĥ	omas		
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	176-07-9		Mrs.		M. Yinglin		ths	burg	,Md.		
	PART I. DEATH (Enter only one couse per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarct										APPROXIMATE INTERVAL BETWEEN ONSET AND DE			
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate)	R AS A CONSEQUE		rtery	Disea	ıse				yrs		
NOI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE Emphysema												
CERTIFICATION	None	None		196. CONDITION FOR WHICH OPERATION			RMED	200 AUTOPSY? YES □ NO 🏋	IN CERTIFYING			RE FINDINGS USED G CAUSES OF DEATH?		
AL CER		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR					URY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART + OR	(PART 2)			

marked or Ite for use as the b If Hem 21 is should be detoched with the State Dept IMPORTANT

MEDIC 21d. INJURY OCCURRED WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 9/24/85 19 saw the deceased alive an above, (1) (we) (did) (did nat) New the bady after death.

226. PHYSICIAN'S NAME (TYPE OR PRINT) William W. Lesh M.D.

NOT WHILE

DEGREE

Jan

211 LOCATION

STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED 10-4-85

COUNTY

#11 Division Avenue Hagerstown, Md.

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

226. SIGNATURE

Oct. 5, 1985

21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

none

234 NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

23d LOCATION Smithsburg, Wash, Md.

CITY OR TOWN

0-2-85

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Davis Funeral Home (VRA 15, 4)

Smiths burg, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP

PHYSICIAN:

this

FUNERAL DIRECTOR:

neoty torn dentity ton co. not attend to a restrict erryland ... select it is a superlyma not made an backyrus ofuna out militarin 4:1-(2c-01-10) and one of the control of Total Loubracov 2010. .De . dwovers ss ounev neivic it attitude the state of the state

000	96	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 9 / 3 / STATE Lucille Virginia Younker CERTIFICATE OF DEATH												
100	1		CEASED NAME SUCIL	e	rginia	400	URN		REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 245 DM					
ge 4 mg	nother ()	1.58	Female	4 HACE Whi	te	Septe	оныктн ëmber 14,19	ALC: N	60 YES					
meral di	25		West Virgini	a USA	DE WHAT COUNTRY	MARRIE		ED D	9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON					
by the fu	To the state of th	1	agers town	Washir	Washington County Ho			3	Housewife 126 KIND OF BUSINESS OR INDUSTRY Home					
y filled in		Ma		shington	Hagersto	WN	YES X NO		13e-STREET ADDRESS / ZIP CODE 437 Vermont Ave. 21740					
umpletel	24		Oscar	MODIA	Cross	TIME NO.	Mae	DEN NAME	Odetta ADDRESS	Daley	y			
Para Para	n Foger		NAS DECEASED EVER IN U.	S. GW WAS DEDUCED				Younke	er (item 13 abov					
o physic	at Their places remove corbon paper in to busing community, or other trainmatic event, the		PART L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)											
offered a			Conditions, if any, which agree the to immediate (b)								Te il			
ed by the		1	underlying couse to		OR AS A CONSE					45				
sent neces		ATION	INE DATE OF OPERATION	1 40	20180101	1	IN WAS PERFORMED		AL DISEASE OR CONDITION GIV	WERE FINDING	S USED			
sicion.	No.	CERTIFICATION	\$10. ACCIDENT WAS UNDERLYED		E OF INJURY				A DISCERTIF	TYING CAUSES O				
ding phy s certific	Municipalities Manufacturities or them 18	MEDICAL C	OF CONTRIBUTING CAUSE (FEDDER NOTE) MEDICALES 214. INJURY OCCURRED	8K(24EB)	P.M. CE OF INJURY	DAY YEAR	ZIL LOCATION	100 MINUTE						
SPITAL ON ATTENDING PH d by the happini or attend NERAL DIRECTOR, After this	selfs and marked	ME	27 - Oil Certify that (I) (this		M divided from	15	10		Elis Dirtowni	COUNTS	or it (we) lost			
	hed for u ept. of He hem 21 is		170. I certify that (1) (this hospital) are ded of displaced from 19 to 19 to 19 ther (1) (we) for saw thindexelved alive on 19 and that in (my) (out) opinion death occurred on the date and hour and from the course stated obtain. (Now) (idled (did not) who the body after death. 170. DEGREE 170. DEGREE											
	Se State D	1	THE PHYSICIANS MAMS	The state of the s	Ima ha	1,	ATTEN PHYSI TO DORESS	DING IL	MEDICAL STAFF	De	00			
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(VRA	15, 4)	Major M. Osborne Williamsport, MD 21795 OCT 23 198												

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289174	1.06	REGISTRAS SED NAM CRIMINI	FIRST Nicola	WIDDIE				CERTIFICATE OF DEATH REG. 40. IAST ZINGARELLI OF ESTI- DEATH MATED					HINOM	ONTH DAY YEAR 26 HO		
Rey, PLEAS DHE WOR OUR PLEAS ON STREE	3.56	male	white	5. DATE OF BIRTH	1904	6 AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER 2	4 HRS. 2c	DATE RONOUN DEAD	CED _	MONTH	DAY 5	YEAR 1985	24 HOU
NECESSA FUNERAL S. FIOR W. WITHIN	1 "	BRITHPLACE STATE OF DESCRIPTION COUNTRY. Italy IIY OR TOWN OF DEATH		USA			WIDOW	RIED NEVER MARRIED WASHINGT					GTO	ON		
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RS AFTE I. GIVE P WITH FO PAGES DIVISION	()	NO CAUSE C		e war or dates)	e for (a) (b)) and (s))		Mer	rle Z	inga	relli,	Low	er B	AP	PROXIMATE	INTERVAL
TON ST.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PARTI DEATH WAS CAUSED BY: #427 - CARDIAC ARREST / DUE TO, OR AS A CONSEQUENCE OF										MOMENTS				
S CERTIFICATE SHOULD BE EXECUTED WITHIN 3-HORITING THE WORD "FENDING" IN PENCIL IN TEAM RDED TO THE CHIEF MEDICAL EXAMINER A COSE 3 SHOULD BE USED AS A BURIAL TRANSIT PENCIL ES ASHOULD BE USED AS A BURIAL TRANSIT PENCIL OF PENCIL IN THE DEPREMENTATION OF PENCIL AND MENTAL HYGIEN OF PREMATION, OR REMOTED.		gove ri couse (o lying co		DUE TO, OI	RASACON	ARTER 10	F			5.53	EASE			MA	NY Y	EAR8
IL RECORDS, 201 ULD BE EXECUTED "PERDING" IN 11 FF MEDICAL EXA FED AS A BURIAL HEALTH AND M HEALTH AND M AI, CREMATION	NOI	#496	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101. #496 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE													
E SHOULD VORD "PE CHIEF A BE USED. NT OF HE BURIAL,	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART) OR PARE								Y	20 AUTOPSY? YES □ NO 🅇					
RTIFICATE SHO NG THE WORD TO THE CHI SPARTMENT OF RIOR TO BURE	MEDICAL CE	UNDERLYING	G OR	DEATH P.A	A. MONTH	DAY YEAR		OW INJURY C	OCCURRED	(ENTER NA	TURE OF INJU	JRY IN ITEM 18	BPART 1 OR P.	ART 2)		
PAA VAI	MEG	WHILE AT WORK			TORY, FARM, E			TREET			CITY OR TOW	/N	cc	YIAUC		STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND.			led from: Note	0 0		ove, held on Suic			ECIEV)	Undeter	Inquiry mined mor	nner .	DATE	е Ост	. 7,	1985
O MEDIC XECUTE TI AGE 4 SH O FUNER ATTER DEA	1	EXAMINER'S NAME EDWARD W. DITTO, III, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740														
BP	b	URIAL, CREMA SPECIFYL OUTIAL UNERAL DIREC	CTOR	Oct.9,19	85 R		I Ce	meter		_	ersto		Wash.			hd
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